al Library

SECOND SERIES VOL. 10, No. 12

BULLETIN

OF

THE NEW YORK ACADEMY OF MEDICINE

INCORPORATED 1851

DECEMBER, 1934

PUBLISHED MONTHLY BY

THE NEW YORK ACADEMY OF MEDICINE

2 East 103 Street

New York, N. Y.

OFFICERS OF SECTIONS AND AFFILIATED SOCIETIES, 1934-35

Dermatology and Syphilology, 1st Tuesday

Chairman	*Secretary*
Ray H. Rulison	E. William Abramowitz
145 East 54 Street	853 Seventh Avenue

Surgery, 1st Friday

Guilford S. Dudley	Condict W. Cutler, Jr.
27 East 63 Street	667 Madison Avenue

Neurology and Psychiatry, 2nd Tuesday

C. Burns Craig	Leon H. Cornwall
Neurological Institute	30 East 76 Street

Historical and Cultural Medicine

2nd Wednesday of November, January, March and May

Russell L. Cecil	Jerome P. Webster
33 East 61 Street	620 West 168 Street

Pediatrics, 2nd Thursday

Harry Bakwin	Alexander T. Martin
132 East 71 Street	107 East 85 Street

Ophthalmology, 3rd Monday

Webb W. Weeks	W. Guernsey Frey, Jr.
20 East 53 Street	121 East 60 Street

Medicine, 3rd Tuesday

Randolph West	Paul Reznikoff
622 West 168 Street	N. Y. Hospital, 525 East 68 Street

Genito-Urinary Surgery, 3rd Wednesday

Augustus Harris	Joseph A. Hyams
306 Park Place, Brooklyn	78 East 79 Street

Otolaryngology, 3rd Wednesday

Marvin F. Jones	Wm. Wallace Morrison
121 East 60 Street	39 East 50 Street

Orthopedic Surgery, 3rd Friday

Leo Mayer	Walker E. Swift
140 West 79 Street	115 East 61 Street

Obstetrics and Gynecology, 4th Tuesday

Harvey B. Matthews	Walter B. Mount
643 St. Marks Ave., Brooklyn	11 Seymour Street, Montclair, N. J.

AFFILIATED SOCIETIES

Society for Experimental Biology and Medicine, 3rd Wednesday

President	*Secretary*
E. L. Opie	A. J. Goldford
1300 York Avenue	City College, Convent Ave. & 139 St.

Harvey Society, 3rd Thursday

R. Keith Cannan	Randolph West
Bellevue Hospital	622 West 168 Street

New York Pathological Society, 4th Thursday

Paul Klemperer	Irving Graef
385 Central Park West	Bellevue Hospital

New York Roentgen Society, 3rd Monday

C. Wadsworth Schwartz	E. F. Merrill
33 East 68 Street	30 West 59 Street

SECOND SERIES VOL. 10, No. 12

BULLETIN

OF

THE NEW YORK ACADEMY OF MEDICINE

INCORPORATED 1851

DECEMBER, 1934

PUBLISHED MONTHLY BY

THE NEW YORK ACADEMY OF MEDICINE

2 East 103 Street

New York, N. Y.

Entered as second-class matter, February 3, 1928,
at the Post Office at New York, N. Y., under the Act of August 24, 1912.
Subscription $2.00 per year. Single copies, 25 cents.

AUTOLYZED LIVER CONCENTRATE SQUIBB

Marketed under license to use U. S. Patent Application Serial No. 620,301. Marketed in ½ and 1-lb. bottles

An effective anti-anemic liver preparation for oral use

•

AUTOLYZED LIVER CONCENTRATE SQUIBB is not an extract or liver fraction, but whole liver, *autolyzed*, powdered—with cocoa added for flavor. It can be taken in a variety of ways—dissolved in milk or tomato juice, in warm bouillon or mixed with butter and spread on bread. Beneficial—because it provides all the blood regenerative factors of whole liver. In addition it has twice the Vitamin B and G potency of dried yeast.

Given to patients, Autolyzed Liver Concentrate Squibb induces prompt clinical response — a distinct rise in hemoglobin concentration and a noteworthy improvement in appetite, weight and strength.

Autolyzed Liver Concentrate Squibb is economical to use—in many cases costing as little as 7 cents a day for the first year's treatment of an uncomplicated case of pernicious anemia.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

CONTENTS

EDITORIAL:

Life as an Occupational Disease, F. H. Garrison..... 679

PAPERS PRESENTED BEFORE THE SECTION OF HISTORICAL AND CULTURAL MEDICINE:

Historical Points of Interest on the Mode of Action and Ill Effects of Mercury, E. William Abramowitz..... 695

Early 19th Century Dermatology and the Brothers Mahon, Theodore Rosenthal..... 706

Council Resolution re: Graduate Fortnight of 1934..... 717

Photograph of J. Marion Sims..... 718

Rededication of the Memorial to J. Marion Sims..... 719

Recent Accessions to the Library..... 725

Proceedings of Academy Meetings..... 727

Members Elected November 8, 1934..... 730

OBITUARY:

Cornelius Godfrey Coakley, James W. Babcock..... 731

Deaths of Fellows..... 733

Index, 1934 735

OFFICERS AND STAFF OF THE ACADEMY

1934

President
BERNARD SACHS

Vice-Presidents
HARLOW BROOKS
FRED P. SOLLEY
WALTER L. NILES

Recording Secretary
FOSTER KENNEDY

Treasurer
SETH M. MILLIKEN

Assistant Secretary
FREDERICK P. REYNOLDS

Assistant Treasurer
RODERICK V. GRACE

Trustees

WILLIAM S. LADD
GEORGE BAEHR
EUGENE H. POOL
JOHN A. HARTWELL
LEWIS F. FRISSELL
SAMUEL A. BROWN
ARTHUR B. DUEL
FREDERIC E. SONDERN
SAMUEL W. LAMBERT
JAMES ALEX. MILLER

Council
The President
The Vice-Presidents
The Trustees
The Treasurer
The Recording Secretary
The Chairmen of
Standing Committees

Director
JOHN A. HARTWELL

Librarian
ARCHIBALD MALLOCH

Medical Secretary
Committee on Medical Education
FREDERICK P. REYNOLDS

Executive Secretary
Public Health Relations Committee
E. H. L. CORWIN, PH.D.

Executive Secretary
Press Relations Committee
IAGO GALDSTON

Editorial Writer
FIELDING H. GARRISON

Library Consultants
LAURA E. SMITH
ARNOLD C. KLEBS
B. W. WEINBERGER
LEONARD L. MACKALL

Legal Counsel
FRANK L. POLK, ESQ.

BULLETIN OF
THE NEW YORK
ACADEMY OF MEDICINE

VOL. 10 DECEMBER, 1934 No. 12

EDITORIAL

LIFE AS AN OCCUPATIONAL DISEASE[1]

There is a well remembered witticism of Osler to the effect that "Everybody has a sane spot somewhere." Not a few observant men of letters, in fact, have been fain to envisage human life as commitment to or imprisonment in a lunatic asylum. The theme is implicit in every canto of the Inferno of Dante; it is sounded by Sancho Panza in Don Quixote and by Hans Sachs in the Meistersinger; it has been developed in simple scientific form by the French physiologist, Charles Richet, whose book ("Idiot Man") doubtless owes its title to Shakespeare's

> "Tale
> Told by an idiot; full of sound and fury,
> Signifying nothing."

"A Mad World, My Masters," the title of a play by one of Shakespeare's contemporaries, expresses the view entertained by most intelligent people with regard to the "cockeyed" or crackpot order of existence which had obtained since the World War. Leopardi saw the world as a freemasonry of knaves against honest people. Schopenhauer likened human existence to a penal colony, in which we are penalized for and expiate the blunders and stupidities of other people; a view of things which has fired many a bard of the Celtic or even the American world—

1. Read at the Medical School, Vanderbilt University, Nashville, Tennessee, on October 18, 1934.

"And the land is filled with bloodshed for the evils of the past,
And men will talk of justice as the storm of carnage raves,
And the innocent are punished for the guilty in their graves"

"Each prodigal life that is wasted,
In manly achievement unseen,
But lengthens the days of the coward,
And strengthens the crafty and mean.
The blood of the noblest is lavished
That the selfish a profit may find,"—

and how appalling that Bayard Taylor should have spoiled the rest of this momentous copy of verses by an abrupt lapse into Victorian bathos, unthinkable, unutterable, unprintable and unquotable!

Whether we incline to the gloomier or brighter side of things, it is obvious that at the back of the Darwinian struggle for existence lies the simple fact that each living creature is engaged in existing and asserting itself according to certain physiological laws which govern its being; nay, if we may credit some biological theorists, from Galen down, the very structure of its body is an expression of this remorseless will to live, this automatic and fatalistic functional activity. You will recall the old rhyme about the fleas which have greater fleas to bite 'em—"and so on *ad infinitum*"; or the quaint summation of professional jealousy in Bombastes Furioso:

"Myself have heard on Afric's burning shore;
A mightier lion give a mightier roar:
And the first lion thought the last a bore."

To physicians engaged in the practice of medicine, this particular slant on life has considerable value in connection with the reactions of individual patients to disease, injury or disaster. In the days of large families, the doctors of the past found the most astonishing differences in individual members of the group; and large families in the good old days often comprised a black sheep or n'eer do well, a fat boy or girl, a spoiled child, a village scamp or hero, a shiftless, sponging parasite, a lazy bones, a family slave, a competent flower of the flock and suchlike good, bad or

indifferent elements. The reactions of these different types of character to disease were, in the parable of a great naturalist, not unlike the effects of kicking a bull-dog, a mastiff, a Gordon setter, a spaniel, a terrier, a chow, a hound and so on. The same disease, as Billings observed, would "produce in one family convulsions, in another collapse, and, in a third, little or no danger or inconvenience."

Obviously the best frame for observations of this kind is that afforded by the study of disease with reference to occupations. The beginnings of this subject go back to remote antiquity. Even in the social order of ancient Egypt, it was noticeable that soldiers and gang laborers are exposed to wounds, communicable diseases and the effects of exposure; the upper ten to the effects of riotous living; the learned to the digestive, neurotic and ocular complaints of the sedentary. Hippocrates notes the diseases of fullers and wet-nurses and the ulcers of fishermen; Pliny the diseases of slaves. The hygienic rules or *Regimina* for travellers by sea and land, first outlined by Paul of Ægina and remarkably popular in the Middle Ages, were virtually tracts on occupational hygiene. Adjustment to life on board ship, particularly with reference to sea-sickness, is sometimes very much of an occupation. As early as 1473, there appeared an incunable by Ulrich Ellenbog on the effects of poisonous gases and fumes. Lobera de Avila published the first book on the diseases of courtiers, viz., catarrh, stone, gout and syphilis (1544), Agricola and Paracelsus wrote on diseases of miners (1546-67). But the assembly of the accumulated mass of scattered observations of this kind, within a definite framework, did not come to pass until the beginning of the 18th century.

About a year ago, there was celebrated, in the Italian cities, the tercentenary of the birth of one, Bernardino Ramazzini (1633-1714), the founder and father of industrial medicine and hygiene. Born three centuries ago, at Carpi near Modena, Ramazzini got his philosophical and medical training at Parma, and after some post-graduate work under Rossi at Rome, settled down to practice in

Modena (1671), where, in spite of some cold intransigence, he became eventually professor of theoretical medicine in the University (1682-1700). At the beginning of the new century, he was called by the Venetian Republic to succeed Sanctorius in the chair of medical practice at Padua, which, to the dismay of his fellow townsmen, he accepted at the age of 67. Fourteen years of successful teaching at this great medical center were hampered by attacks of cardiac palpitation, followed by a total blindness and a terminal apoplexy, which ended his days. Ramazzini died on his own birthday, November 5, 1714, exactly 81 years old, and a victim of the peculiar diseases of the learned which he had described so well. Like all the outstanding physicians of his time, he was a versatile polyhistorian. Poet, philosopher, erudite, clinician, epidemiologist, medical meteorologist and sanitarian, he wrote on epidemic lathyrism (1691), the water supply of Modena (1692), personal hygiene (1710), the Paduan cattle-plague (1712), the abuse of cinchona (1714); but his fame rests securely upon the little book on trade diseases, which appeared just after his accession to the Paduan chair (1700). A product of the Iatro-Chemical School and the work of a profound scholar, this book passed through seven subsequent Latin editions, and was translated into Italian, French, English, German and Dutch[2]. To give some notion of its scope and originality, it is only necessary to list its contents. In the first edition, Ramazzini devotes separate chapters to the diseases of:

1. Miners and gilders (*metallorum fossores*).
2. Goldsmiths (*inauratores*).
3. Surgeons administering mercurial inunction to syphilitics (*iatroliptae*).
4. Chemists (*chymici*).

---

2. Franz Koelsch, in his book on Ramazzini (Stuttgart, 1912), lists these editions as follows: Latin: Modena, 1700; Utrecht, 1703, 1707; Venice, 1707; Leipzig, 1711; Padua, 1713; Venice, 1743; Padua, 1745. Italian translations: Venice, 1745; Milan, 1821; Venice, 1844; Naples, 1842. French: Paris, 1777, 1822 and 1841. German: Leipzig, 1705, 1718; Stendal, 1780, 1783; Ilmenau, 1823. English: London, 1705, 1725?, 1746, 1786. Dutch: London, 1724. A recent American version, very handy for seminary demonstrations, is that of Dr. Hermann Goodman, New York, 1933.

5. Potters (*figuli*).
6. Copper and tin-founders (*stannarii*).
7. Glass-blowers and mirror-makers (*vitriarii et specularii*).
8. Painters (*pictores*).
9. Sulphur workers (*sulfurarii*).
10. Blacksmiths (*fabri ferrarii*).
11. Plasterers (*gypsarii et calcarii*).
12. Apothecaries (*pharmacopaei*).
13. Scavengers (*foricarii*).
14. Fullers (*fullones*), all of whom suffer from respiratory affections due to dust and poisonous fumes, or to chemical poisoning.
15. Oil-men, tanners, butchers, fish-chandlers and cheese-mongers (*olearii, coriarii, casearii, fidicinarii*), and
16. Tobacconists (*tabacopaei*) who are apt to be pale, pursy, narrow-chested and sickly from the fetid atmosphere of their environment.
17. Grave-diggers (*vespillones*): malignant fevers, dyspnœa, dropsy, cachexia and sudden death.
18. Midwives (*obstetrices*): syphilis or other infections.
19. Wet-nurses (*nutrices*): phthisis; hysteria, skin eruptions, headache, vertigo, dyspnœa, diseases of breasts.
20. Vintners and brewers (*oenopaei et cerevisarii*): inebriety and alcoholism.
21. Bakers and millers (*pistores et molitores*): colds from meal-dust and overheating, horny hands and sometimes hernia.
22. Starch-makers (*amylopaei*): headaches and coughs.
23. Corn-sifters (*cribratores*): cough, dropsy, conjunctivitis and pruritus.
24. Stone-cutters, masons and brick-layers (*lapicidae*): dust (respiratory) diseases.
25. Washer-women (*lotrices*): menstrual disorders, dropsy and eczema.
26. Flax and oakum pickers and silk-spinners (*carminatores*): cough and conjunctivitis.
27. Bath-keepers (*balneatores*): skin and venereal diseases.
28. Salt-makers (*salinarii*): hunger, thirst, dropsy, ulcers and cachexia.
29. Those who work standing (*statarii*): varicose veins, crural ulcers, weak stomachs, stone and general debility.
30. Those who work sitting (*sedentarii*): stiff limbs and crooked backs.
31. Jews: diseases incident to rag-picking and other inferior occupations forced upon them in the Middle Ages.
32. Couriers (*cursores*): dyspnœa, pleurisy, hæmoptysis and emaciations.
33. Horsemen (*eqisones*): hernia, hæmorrhoids, boils and perineal ulcers.
34. Porters (*bajuli*): hernia, spinal deformities, varicose veins, pulmonary emphysema, hæmoptysis and phthisis.
35. Wrestlers (*athletae*): Wounds, apoplexy, laceration of blood-vessels, aneurysm and sudden death.
36. Those whose work strains the eyes (*lepturgi*): Disorders of vision.
37. Orators and singers (*phonasci et cantores*): laryngitis or even hernia.
38. Farmers (*agricolae*): mainly respiratory and digestive disorders.
39. Fishermen (*piscatores*): colds and fevers resulting from exposure.

40. Soldiers (*morbi castrenses*): wounds, communicable infections and homesickness.

An appendix deals with diseases of scholars and literary men, viz., emaciation, œdema, hypochondria, gastric disorders, myopia, stone, gout, insomnia, neurasthenia.

The second edition (1703) contains a supplement, comprising

1. Printers (*typographi*): myopia; eye diseases; respiratory diseases from sweating.
2. Scribes and notaries (*scribae et notarii*): writer's cramp, constipation; œdema.
3. Confectioners: headache, eye diseases, cough from fumes, carbon monoxide poisoning.
4. Weavers (*textores et textrices*): digestive and menstrual disorders, gastric hæmorrhage, abortion.
5. Brassfounders (*fabri aerarii*): auditory murmurs; headache, hump-back.
6. Carpenters and cabinet-makers (*lignarii*): ocular and muscular strain, headache.
7. Cutlers, knife-grinders: conjunctivitis; visual disorders.
8. Brick-makers (*laterarii*): digestive and respiratory disorders, dropsy, malaria.
9. Well-diggers (*putearii*): diseases of the chest, digestive disorders, gas-poisoning.
10. Sailors and galley-hands (*nautae et remiges*): infections; crural ulcers, indigestion, constipation, bites of vermin.
11. Hunters (*venatores*): sunstroke, digestive and respiratory troubles, hernia.
12. Soap-boilers (*saponarii*): lye poisoning, colds from overheating.[3]

As an investigator breaking into virgin soil and opening up an entirely new department of medicine, it is plain that Ramazzini covered his subject exhaustively and well. On looking into his separate chapters, however, we find that each industrial disease handled by him has a long back-history, sometimes going as far back as Hippocrates, Celsus or Galen. Nevertheless, this is one of the most original medical texts ever written or published. What Ramazzini actually did was to visit, in each case, the shops, ateliers and other occupational plants of his locality, describing

3. The arrangement followed is that of Koelsch: Bernardino Ramazzini, Stuttgart, 1912, 15-30.

the diseases to which each industrial was exposed from his own viewpoint and in his own language; and prefacing each chapter with a brief historical survey of observations made before his time. Thus his book is not only the first treatise on occupational diseases but also the first history of industrial medicine and hygiene. Let us now examine the substance of some of his chapters, say on the diseases of potters (Chapter V):

"Now the potters make use of burnt and calcined lead for glazing their ware; and for that end grind their lead in marble-vessels, by turning about a long piece of wood hung from the roof, with a square stone fastened to it at the other end; while they do this, as well as when, with a pair of tongs, they daub their vessels over with melted lead, before they put them into the furnace, they receive, by the mouth and nostrils, and all the pores of the body, all the virulent parts of the lead thus melted in water and dissolved, and are by that means sized with heavy disorders. For first of all their hands begin to shake and tremble, soon after they become paralytic, lethargic, splenetic, cachectic, and toothless; and in fine, we scarcely see a potter that has not a leaden cadaverous complexion."

Or Chapter VII on the diseases of painters:

"Painters are also usually subject to various disorders, such as the tremblings of the joints, a cachexy, a blackness of the teeth, a discoloured complexion, melancholy, and a loss of smelling; for it seldom happens that the painters, who use to draw the pictures of other handsomer and better complexioned than the originals, are themselves either handsome or well-complexioned. For my part, I have always observed, that all the painters I know, either in this or other towns, are almost always sickly; and, if we consult the histories of painters, we shall find they were not long-lived. It is true, the diseases of this sort of men may be imputed to their sedentary life, and the melancholy that feeds upon them, while they retire from human society, and bend all their thoughts upon the execution of the designs they have formed in their fancies. But the principal cause of their sickliness is the matter of the colours, which is always among their hands and under their nose; I mean the Red Lead, Cinnabar, Cerus, Varnish, Oil of Walnuts, and Oil of Linseed, with which they temper their colours, and several other paints made of various minerals. Hence it is that their shops have such a nasty stinking smell, which is chiefly owing to the varnish and the aforesaid oils, and is very offensive to the head; and perhaps the loss of smell, usually among painters, flows from no other cause.

A very talkative, discursive old boy, you will say, like most of the 17th century worthies; and yet, we must admit, a very keen first hand observer, ever ready to turn aside from a select, evidently lucrative practice to do something for

the hygienic welfare of those who work with their hands. Observe that, at the very beginning of his book, he makes a fairly good classification of trade diseases:

"The various and numerous diseases, produced in artificers by the exercise of their respective trades, are, in my opinion, derived principally from two causes: first, the noxious quality of the matter on which they work, and which, by breathing out noxious steams, and subtile particles offensive to human nature, gives rise to particular diseases; and in the next place certain violent and disorderly motions, and improper postures of the body, by which the natural structure of the vital machine is so undermined as gradually to make way for violent distempers."

For two centuries after the appearance of Ramazzini's book, the subject of industrial medicine expanded steadily up to its present proportions. Up to the last quarter of the 19th century, this was accomplished mainly by special monographs, even as Ramazzini had built up his historic background out of isolated cases and observations.

Tissot and other 18th century physicians were much occupied with the hygiene and diseases of literary men, of men of the world, of people of fashion; but the real impetus came from industry. The list of occupations in Ramazzini's book implies a great expansion of workshops. Small factories originated in the 16th century and prior to 1801, there had been about 20 in Germany (Stieda). The modern expansion began in England with the spinning jenny (1767-71), the power loom (1785) and the application of steam to manufacturing industry. The population of Lancashire increased from 166,200 (1700) to 1,336,854 (1831), with a high toll of disease and death among this vast industrial proletariat. In these factory towns, the young were worn out before manhood; the average lease of life among industrials was 22 years, the death rate 36 per 1000. The workmen regarded themselves as "slaves" and their factories as "slaughter-houses." English labor legislation began with Sir Robert Peel (1801) and pyramided steadily up to the Workmen's Compensation Act of 1897, with its amendments (1900, 1906). France followed suit in 1810. Sir Humphrey Davy's safety lamp for coal-miners was invented in 1815. There followed such special monographs as those of Thackrah (brass founder's ague, 1832), Tanquerel des Planches (lead, 1839), Mélier (tobacco, 1849), Delpech (rubber, 1863), Hillairet (chromium, 1869-76), culminating in such large general treatises as those of Hirt (1871-8), Eulenburg (1876), Albrecht (1894-6), Weyl (1908), Oliver (Dangerous Trades, 1902), Goldmark (Industrial Fatigue, 1912), Thompson (1914), Kober (1916) and Alice Hamilton (Industrial Poisoning, 1925). Museums of Industrial Safety were established in Berlin (1904), Vienna (1908), New York (1911), and much has been accomplished by way of industrial insurance and compensation, industrial nursing, exhibits, pamphlets and posters.

Thus was launched a specialty which has some prospects of becoming, like book-keeping or theology, a perfect science, complete in all its parts and sufficient unto itself. The initial spade-work was done by Ramazzini 234 years ago. But our subject is susceptible of a larger and more comprehensive generalization; for it requires no greater amount of mental effort to perceive that every living creature, from the primordial cell to the highly civilized human being, is occupied, from birth to death, in being itself, in living its own life in its own way, and that from this conflict of so many separate existences comes most of the troubles and evils associated with life.

The word "disease" implies that the patient is ill at ease from some disturbance or alteration of the normal physiologic rhythmus of his life. In old English usage, this commonly meant lack of ease, without reference to pathological conditions. Thus a writer of 1450 says: "They shall have great disease for lack of water"; and Chaucer observes that to come down in the world is "a great disease" for the wealthy and prosperous. John Knox (1544) refers to a man "who would not disease himself to hear a sermon." Jeremy Taylor (1667) evidently envisaged conditions like the present when he preached that "The disemployed is a disease and like a long sleepless night to himself and a load to his country." Fuller (1661) speaks of "bad Latin" as "a catching disease" in a certain period. Time and again has this archaic usage engaged the fancy of poets:

"First lean thine aged back against mine arm,
And in that ease, I'll tell thee my disease." I King Henry VI, II, 5.
"A dedicated beggar to the air,
With his disease of all-shunn'd poverty." Timon of Athens, IV, 2.
"What racking cares disease a monarch's bed." Congreve, Mourning Bride.
"The strange disease of modern life." Matthew Arnold.

To the waspish wit of Pope, the idle-minded existence of spoiled ladies of fashion in the 18th century was the disease of people occupied in doing nothing:

"The fair one's feel such maladies as these,
When each new night-dress gives a new disease."

Elsewhere, he refers to "this long disease, my life," in other words, to the fretful existence of a captious, sensitive, high strung being, whose defensive reactions always took the pathway of biting wit and mordant satire. At this point, it is comparatively easy to generalize our equations and to visualize ourselves, or other people, as victims of the occupational disease of living out our particular lives as an adjustment of being to environment. Thus, the Scotch readiness to leap into argument is embalmed in the reputation of a certain Lord Advocate, that his whole life was a prolonged disputation; where a dunce was described as having spent a life of sixty years in "wondering what it was all about." So too, Carlyle saw the life of Rousseau as "a long soliloquy." Your convert to a particular creed is almost invariably a fanatic, where those bred in the faith or born to the purple are easy-going and tolerant. A pediatrist will have very little success in his practice if he does not see little people as particular cases of adjustment to environment, not always as easy to ticket off as adults. The most illuminating views which have been shed upon this matter come from such keen clinical observers as Charcot, Sir Jonathan Hutchinson, Osler and Clifford Allbutt. Charcot's teaching was to the effect that there is a classical stereotyped, base-line medicine, conveyed in the formal descriptions of disease-types in the textbooks; but each neurotic, rheumatic or arthritic patient is a problem in himself, and the symptoms of his disease may be distributed in space and time, between himself and his ascendants, descendants and immediate relatives. Or, as he put it in another way, "A nosographer is not necessarily a clinician." Morbid heredity or the real inwardness of the case might be concealed by the patient or his family, or he might be inarticulate, like the infant, or unable to give a clear statement of his condition through defect of education. It was up to the students to elicit the information. "Disease," said Charcot "is from of old and nothing about it has changed. It is we who change, as we learn to recognize what was formerly imperceptible." Or again, "The condition of the patient is only an accident in the history

of the disease, just as each of us is only an accident in the history of humanity." There are many strange diseases, thought to be modern, which have been vaguely outlined in the Hippocratic scriptures, although neither labelled nor recognized as such by their authors. Why then, Charcot inquires, did Hippocrates fail to recognize such a disease as pseudo-hypertrophic paralysis, which probably existed in his time? How did Duchenne come to discover it? Because a new set of facts is apt to baffle us and leave us cold, when "our minds have to take in something which deranges our original set of ideas; but we are all of us like that in this miserable world." To Charcot then, his neurotic, arthritic and rheumatic patients were accidental aspects, if not museum specimens, of diseases, the total symptoms of which were distributed in space and time and some phases of which, the particular patient was occupied in illustrating. As an accidental and partial illustration of the total history of the disease; it might seem, at first sight, as if the patient's contribution to the clinical picture were more important than himself. Nevertheless, each of Charcot's patients received careful clinical and humane consideration at the Salpêtrière, and the success of his clinic and practice (the largest in the world) was conditioned by the fact that most of the patients, streaming to him from all parts of the world, got relief of some sort, if not recovery. Allbutt's clinical approach was somewhat different. To him the patient was everything, the disease a convenient clinical summation in short hand, to check upon his condition and his chances of recovery. To Allbutt, such expressions as "a clinical entity," "a typical case," and suchlike, were anathema, allied to the primitive savage's notion of an indwelling disease-demon. The disease is not an entity but a peculiar alteration of the physiological make-up of Brown, Jones or Robinson, which we check by text-book descriptions. "There is no such thing," he said, "as typhoid fever, as angina pectoris, as spleno-medullary leukaemia, and so forth; the things so-called are Wilkinson, Johnson and Thompson, who, after their kinds, are afflicted not alike, but within such limits of similarity as to lead us to

class them together and to form a general conception of them. . . . If we are to speak of 'entities' of disease, these must not be the names, nor even our concepts, but the things, the thing Thompson and the thing Wilkinson in certain phases of their being. The moment we depart from these objects, we desert the names of things for the names of abstractions, in which no entity can lie. . . . Diseases are not even species, such as cats or toads, but abnormal, though not altogether irregular behaviors of animals and plants." We are now very close upon the trail of life as an occupational disease. For health itself, in Allbutt's view, is only a diathesis, or mode of growth and development, like scrofula or syphilis, and merely more popular among us as being more useful and serviceable to us in the long run. "The particular cycle which we call health we prefer as being the most useful variety of the human plant, as it is the most varied and complex; for this reason, we take it as a standard." The rest is merely the tyranny of words. Thus, a patient of gouty heredity is occupied with being gouty; in other words with the adjustment of his particular diathesis to environment, which may comprise exposure to dyspepsia, arthritis, phlebitis, arteritis, nephritis, neuritis, bronchitis and so on. A person with a predisposition to tubercle has to reckon with the possibility of becoming tubercular; a victim of the neurosyphilitic diathesis may be exposed to chorea, hysteria, insanity, migraine, eczema, angina pectoris, asthma, gastralgia and catarrhal symptoms; a member of a rheumatic family to purpura, urticaria, pemphigus, erythema, endocarditis, chorea and arthritis. These multiform aspects of basic diatheses Allbutt found to be distributed among the members of familial groups in Yorkshire. Hutchinson was one of the first to follow up the hæmorrhagic and ocular manifestations of gout, wrote on the pedigree of disease, and like Charcot, envisaged certain patients as "Mrs. T's legs" or "Mr. J's nose." Osler's viewpoint is summed up in his bedside aphorism: "Treat the patient rather than the disease." Like Allbutt, he studied the polymorphic aspects of an arthritic diathesis, pivoting around an erythema, a line of

thought which has been brilliantly elucidated latterly by Libman, with reference to the arthritic background, subacute bacterial endocarditis and the minute semeiology of pain. To appreciate this viewpoint, we have only to reflect that fever, pneumonia, epilepsy, paralysis and many skin affections were once regarded as full-fledged diseases, but are now merely symptomatic of something else. The major diatheses, like the major infections, are protean in semeiology.

The concept of disease as a physiological adjustment or occupation is, of course, susceptible of facile application to the group of endocrine disorders. It would seem almost trite to repeat the "endocrine catechism": Why are giants stupid? Why are dwarves malicious? Why are tall men inclined to be bullies? Why are great generals often small-sized men? Why do pimples go with petulance? Why are fat men gossips? When do maidens get moustaches? When are grown-ups infantile? Why do the aged of both sexes get to look alike? Whence the recent passion for slenderness?

The modern doctrine of the constitution, although old as the hills, has acquired some very significant data with reference to the schizophrenic and manic-depressive types. Predisposition to pernicious anæmia or peptic ulcers may be associated with a definite facies and physical habitus (Draper). The old mediæval doctrine of the four temperaments is based upon the ancient theory of the four humors and the belief in astrologic influences. The sanguine or Jovial man is blonde, chesty, ruddy, florid, expansive, cheerful—

> "Fit for all company and all fashion:
> Though bold, not apt to take offence, not ireful,
> But bountiful and kind and looking cheerful,
> Inclining to be fat and prone to laughter,
> Loves mirth, and music, cares not what comes after."

The choleric or Martial man, whose being was supposed to be permeated with yellow bile, is short, dark, thick-set, wide-chested, red faced, bold, touchy, combative and ambitious. The lymphatic, phlegmatic or Mercurial man is fat,

short, moist, easy going, lazy, good natured and indifferent. The melancholic, atrabilious or Saturnine man is thin in form, aquiline in feature, retiring, studious, pensive, suspicious and secretive. These four types have now been assimilated by Kretschmer to the three main categories of psychiatry. Jovial and Mercurial people are assimilated to the pycnic, cycloid or manic-depressive type, full-faced, full-bodied, of excellent digestive capacity, exposed to ups and downs of exhilaration and depression. Martial people assimilate to the athletic or muscular type; and Saturnine people come under the schizoid or praecox type, sharp-featured, thin bodied, thin-blooded, pale or sallow, with the split (schizoid) or shut-in personality of the Ishmaelite, at war with the world. Since Kretschmer's time, characterology has acquired many bizarre approaches, associated with the investigation of family records and the findings of dermatology, endocrinology, physical anthropology and ethnic psychology. We hear and read of the motor type (*Bewegungsmensch*) or man of action (*Leistungsmensch*), which is merely Kretschmer's athletic type over again; while his pycnics correspond to the "man of feeling" (*Gemütstypus*) and his schizoids to the asthenic, sensitive or mimosa type (*Empfindungstypus*). Psychic variants of these are the standfast, enduring peasant type (*Verharrungsmensch*), rooted in the soil and capable of going on forever; the actor type (*Darbietungsmensch*), who impersonates or dramatizes himself at the expense of other people; the redemptioner type (*Erlösungsmensch*), who is concerned to redeem or lift himself out of environmental disabilities; the mystic or desert type (*Offenbarungsmensch*), impelled by a mysterious call of divine revelation within; and the placid, self-exempting or seceding type (*Enthebungsmensch*), a cross between the pycnic and the schizoid. All these types have innumerable variants, effected by crossing and racial inmixture.[4] But most of

4. For details, see the extensive literature of characterology of recent vintage, notably such books as L. F. Clauss: Rasse und Seele. 3. Aufl. München, 1933 or W. Böhle: Der Körperform als Spiegel der Seele, Leipzig & Berlin, 1929.

these categories are empirical, superficial, conceived from an arbitrary angle, and consequently of little positive value to the clinician.

The object of university education is to train the student to make use of his mind and do his own thinking. In the view of President Ames, the criterion of education (or civilization) is the dominance of reason over emotion in individual conduct and thought. At the bedside, this particular approach is essential and it is plain that the greater physicians were occupied in being physicians, in other words, in envisaging their patients, good or bad, as human problems, occupied, for the most part, in being themselves. A good doctor will tell you that it is impossible and futile to reason with unreasonable persons. Weir Mitchell, was sometimes so cantankerous over the caprices and intransigence of his neurotic patients that it transpired in his official correspondence. Osler referred to the grim visage in the Sargent portrait as his "Monday morning face." Charcot, through life-long association with neurotics and through his habit of mimicking their gaits and gestures in clinic for didactic purposes, came to acquire some of these tics and tremors himself. When he mimicked the propulsive gait in paralysis agitans, he seemed to be the patient. Toward the end of his life, he shuffled to his carriage with this queer gait, although not himself a victim of paralysis. Whether in the savage or civilized, human activity might be visualized humorously as a vast array of occupational neuroses. This is particularly true of the extravagances of the post-bellum period and accountable for its relative intellectual mediocrity. The transition from the stable, moribund social order, shattered by the World War, to a change of things, not as yet materialized, might be likened to the "Chaos" in Haydn's Creation. Nations, as well as individuals become fanatically self-determined and self-willed, bent upon the *salto mortale* of uncharted courses, ignoring the lessons of history and the experience of the past, committed to lines of thought and action likely to defeat their own object and so abut in nothing. The old Greek ideal of

aristocracy, as "the best that human nature is capable of," became confused with a sham autocracy or *vie de parade* of comedians and "bad actors," qualified mainly by almost complete lack of insight into human nature and human affairs. The gulf between the impersonal, reserved type and the sensational, exhibitionist type is the age-old difference between the liberal-minded, genial people, who have made gifts to humanity and the narrow, self-seeking, self-referential have-not. The reliable safeguard against to "wondering what it is all about" is the cool self-possession implicit in a "sense of humor"; in other words, that quick and ready perception of the laughable aspects of human adjustments to life, which alone makes society possible and human contacts endurable.

F. H. GARRISON.

HISTORICAL POINTS OF INTEREST ON THE MODE OF ACTION AND ILL EFFECTS OF MERCURY *

E. William Abramowitz

Introduction

The recorded existence of mercury dates back to about 1600-1500 years B.C. According to Almkvist[1], this metal was shown to be present on analysis, in the tombs of the eighteenth or nineteenth dynasty of ancient Egypt. It is not known how the Egyptians obtained it, for what purpose they employed it, or even what they called it. It seemed certain, however, that they did not use it medicinally.

Neither the Bible nor the Talmud of the Hebrews, nor the Papyrus Ebers (1553-1550 B.C.), give us any clue as to the existence of mercury.

Ancient Greece knew of mercury four hundred years B.C., probably through contact with the Egyptians. The Greeks considered mercury poisonous and only made use of the metal in the arts and various industries. Hippocrates (460-357 B.C.) according to Dietrich[2], made no mention of mercury as a drug. During the time of Plato (429-347 B.C.), the physicians of Greece were prohibited under penalty of death, from prescribing mercury and other drugs of a poisonous nature. Aristotle (384-322 B.C.), Theophrastus (382?-287 B.C.), Pliny (23-79 A.D.), Dioscorides (40-54 A.D.), the compiler of the first materia medica, also Galen (131-201 A.D.), and even Aetius as late as the fifth century A.D., used mercury only to a limited extent as an external remedy. Alexander Von Tralles (525-605 A.D.) employed a cinnibar compound for various diseases and Paul of Aegina (625-690 A.D.) ordered mercury for certain intestinal disorders.

Medical historians have found little of value regarding mercury, in the works of the old Roman period, excepting what was copied from the Greeks.

---

* From The Department of Dermatology and Syphilology, New York Post-Graduate Medical School, Columbia University.

Read before the Section of Historical and Cultural Medicine, May 9, 1934.

India probably had knowledge of mercury at the time of Buddha (500 B.C.). The physicians of old India were probably the originators of mercury as a healing agent and were sufficiently informed to know that severe gingivitis could follow its use. They employed it extensively, both internally and externally and knew the black, yellow, red and white forms of this drug. The medicinal value of mercury became known to the Persians through contact with India.

When the Arabs conquered Persia in 650 A.D. they learned of the therapeutic value and contributed a great deal of original observation on the medicinal and toxic action of mercury. They called the drug "Zaibach" or "Zaibar." Greek influence caused them to apply it only externally, for fear of its poisonous nature. In 857 A.D., Aben Mesue used charred mercury with oil and also with vegetable ingredients. He applied it in the form of rubs as a cleansing agent in various itchy skin diseases. Abugerig in 900 (?) A.D., knew of the toxic action of mercury vapors. Mirepsius was the first to mix metallic mercury with a fat. Rhases (860-932 A.D.) fed mercury experimentally to monkeys to determine its toxic action. He also tried various oxides of this metal therapeutically. The sublimate and the red precipitate of mercury became known. Avicenna, Albucasis and Serapion, also Arab physicians of this period, made other contributions on the external remedial value of mercury compounds. They employed it for conditions like pediculosis, the itch, impetigo, pustular affections, various swellings of the skin and leprosy (Almkvist).

The Chinese also possessed some knowledge of mercury. They called it Schui-jin which means liquid silver. Dietrich[2] cites a tale of a Chinese prince who died after taking an "elixir of life" containing mercury. This is said to have occurred about the year 745 A.D. The use of this drug is not mentioned again until about 1075, when it was applied in the form of rubs and inhalations, at first for parasitic skin diseases, and later on for syphilis. The Chinese knew of mercurial oxidation products and combinations of the element with sodium chloride, with salpeter, with sulphur and also with arsenic.

How Mercury Came to be Used in Syphilis

Medieval Europe entertained Greco-Roman ideas regarding mercury until further knowledge of this drug reached them through the Moorish invasion, the Crusades and the Latin translations of the Arabic by a monk, Constantinus Africanus (1087) and his colleague Nicolaus. It was advocated as an external remedy by Roger in Salerno as early as 1180. Toxic symptoms such as fetid breath, stomatitis, angina, intestinal and nervous manifestations had already been noted by the Arabs. The salivation encountered following its use was not attributed to the direct toxic action of this metal until Theodoric, Bishop of Cervia (1205-1298) and Guy de Chauliac (1300-1370) established their relationship. They thought it was of beneficial action. Thus the salivation cures were originated, using a series of rubs with some form of mercury ointment, principally for gouty afflictions. They recommended, however, the local use of honey in the mouth subsequent to a course of mercury rubs, to ameliorate the resultant disturbances that affected this area. In the thirteenth century, a common method of treatment for malum mortuum (leprosy), scabies, cancer and gout, was by means of a series of mercury rubs. These were continued until the patient developed either salivation or soreness of the gums. When syphilis became prevalent at the close of the fifteenth century, a similar course of procedure was followed. Jacob Berengario Carpi is usually credited as the originator of this form of antisyphilitic therapy. In "The Life of Benvenuto Cellini" the same Carpi is mentioned as being in Rome promising to work miracles in the "French disease" by means of certain fumigations. He undertook to give the cure only after receiving fees running into hundreds of crowns. Cellini states that Carpi would have been murdered if the latter had stayed any length of time in Rome, because most of those he had treated became considerably worse.

Differences of Opinion as to the Usefulness of Mercury in Syphilis

Differences of opinion as to the efficacy of this remedy against syphilis developed early. According to Sudhoff and Singer[3], various physicians like Schelling (1495), Gruenpeck (1496), Widman (1497), Gilino (1497) and Steber (1498), emphasized its value. Steber did not stress its use. Torella (1497) first employed it and then rejected it. Leonicenus (1497) rather discredited its specific action. Natale Montesauro (1498) was sceptical of mercury cures.

In the sixteenth century, mercury was commonly in use throughout Europe as an antisyphilitic agent, mainly in the form of rubs. Jacob Cataneus in 1504 resorted to the inhalation method. Johannes Benedictus and Johannes de Vigo advocated the mercury red precipitate pills. De Vigo, who later introduced the Neapolitan cream as a more efficient mercury ointment, also used a mercury plaster. Bichloride dressings were also advocated. These investigators, together with Angelus Bologninus and Nicola Massa, praised mercury as an excellent agent against the ravages of syphilis. Other physicians of this era took exception either to the drug or to the method in which it was employed. Alessandro Benedetti (1460-1525) wrote of the teeth falling out, also of the development of tremors and paralysis. Pistor or Pinctor (1500), Marinus Brocardus (1500), and Johannes Almenar (1502) warned of the danger of stomatitis and emphasized the importance of preventing it. Almenar according to Cole[4], was against the vogue of producing intense salivation and used one-half ounce of the mercury ointment in the course of three to five days. It was continued till the tenth day, provided no salivation appeared. Magnus Hundt also favored the less intensive method of treatment of syphilis.

Mercurial Treatment in Vogue

Most physicians of this period, although they studied this disease and wrote about it, were reluctant to handle those afflicted. The quacks and others of little experience were quick to take advantage of this attitude and no doubt con-

tributed much to the ill repute that was heaped on this valuable remedy, at that time and later. Jerome Fracastor (Hieronymus Fracastorius, 1478-1553), who first used the term syphilis in his poems and scientific treatises, extolled the action of mercury as an anti-syphilitic remedy.

A vivid description of the mercurial treatment then in vogue for syphilis, is found in a book by Ulrich von Hutten (1519), entitled "De Guaiaci Medicine et Morbo Gallico." Von Hutten, a German Knight and not a physician, was afflicted with syphilis and had taken mercury cures for many years without benefit. He described[5] how the patients were shut up in a hot room and rubbed with mercury ointment for twenty to thirty days or more. The throat, palate, cheeks and tongue became infected and ulcerated, the gums swollen and the teeth loose. There was a profuse and continuous flow of saliva accompanied by an unbearable stench from the mouth. Because of this the patients were unable to eat or retain anything. Some developed vertigo and tremors, and even became insane. A few died in the room where they were being treated, from suffocation, from heat prostration or from anuria. In spite of the severity of the treatment, many of those who survived, developed syphilitic relapses later. Von Hutten extolled the virtue of guaiac for the treatment of syphilis and perhaps was somewhat biased on account of the poor results obtained by mercury in his own case, but it can be said that the mercurial treatment pursued was certainly a rigorous one and it was no surprise that some patients preferred to die of their disease, rather than submit to the cure. This led to the use of other drugs for the treatment of syphilis, and regimens like the "Entfettungskuren" of Hermann Boerhave (1668-1738), all based on various misconceptions of this disease prevalent at the time.

Ancient Conceptions on the Mode of Action of Mercury

It is of historical interest to follow the explanations given for the mode of action of mercury. The Greeks thought that mercury was effective because of its weight. Later when

syphilis appeared, Paracelsus (1493-1549) compared the action of mercury to the cold and the moon. He believed that mercury applied externally not only drove the temperature of the body inward, but the syphilitic process as well, and engendered a chronic constitutional disease through the combined action of the drug and the disease for which it was used. He therefore recommended the use of mercury internally (he favored turpeth mineral) to drive the noxious factors to the surface. Others reverted to the Galenical theories of medicine and explained the action of mercury as due to an uneven balance of the humors. Thus Thomas Sydenham (1624-1689) believed that syphilis could not be cured without salivation. Excepting in debilitated patients, he insisted on three ounces of mercury ointment (one ounce of the metal and two ounces of lard) to be rubbed for three successive nights and was only satisfied as to its efficacy, if the patient's output of saliva amounted to two quarts in twenty-four hours[6]. Jean Astruc in Montpellier (1684-1766) described a series of symptoms from the use of mercury in syphilis, and said these symptoms were due to the formation of excess waste products in the blood. To prevent them, it was necessary to bleed, purge, diet and salivate the patients. Van Swieten in Vienna and others, however, rebelled against the necessity of salivation cures in syphilis, but this idea was sidetracked by the celebrated John Hunter (1728-1793). The latter conceded that mercury was a truly specific remedy against syphilis, but believed that in the presence of syphilis or scrofula, the irritant action of the drug produced a constitutional disorder that merited to be considered as a separate entity.

Condemnation of the Use of Mercury

John Pearson[7] in 1800, one of the followers of John Hunter, labelled this constitutional disorder "Erethrismus mercurialis." Abernethy[8], another disciple of Hunter, spoke of it as "Pseudosyphilis"; still another, Andrew Mathias[9], called it "The mercurial disease."

The manifestations in the various organs and the skin of this so-called "mercurial disease" will not be described

here. The historical sequences that led up to it are mentioned in order to explain how the skin eruptions and systemic effects, like bone lesions, evidently brought on by syphilis were attributed to a combination of effects from mercury and syphilis, or to mercury alone, in a person of scrofulous dyscrasia. The "avirulists" like Francois Broussais (1772-1838), Jean Caron (1745-1824), and others in France even denied or doubted the existence of syphilis, except as a superficial disorder amenable to ordinary antiphlogistic remedies. In 1839, P. J. Murphy[10] of London, wrote that what was until then considered as the secondary symptoms of syphilis, was mostly due to mercurial effects. In Germany, Dietrich in 1837 disputed the teachings of John Hunter and Mathias, but nevertheless compared the effects of mercury to a gouty or rheumatic disposition and described thirty-eight different clinical manifestations of the disease, many of which he evidently confused with syphilis. A mercurophobia developed that finally reached its height in 1855 in the dictums of Joseph Hermann of Vienna, who stated that there was no such thing as secondary syphilis, but a chronic hydrargyrosis instead. He condemned the mercurial treatment of syphilis as a crime against humanity and stated that mercury was capable of producing in man, all the signs and symptoms of what was called secondary syphilis[11].

Clinical and pathological differences between syphilis and mercurial effects were difficult to portray even by Virchow who entered this violent controversy. The real coup de grâce to Hunter's hypothesis came with the experimental work of Overbeck in 1861, who showed there was no bone affection produced by mercury either in animals or man. Skin eruptions from the use of mercury in man could occur. Gastro-intestinal lesions, nephritis and other systemic diseases could also be produced by mercury both in man and animals, but much that was attributed to mercury was due to syphilis or other causes in no way connected with mercury. Kussmaul that same year came to the same conclusions. After that "mercurial disease" ceased to exist as an entity.

Mercurial Eruptions

Most investigators were so preoccupied with the action of mercury in syphilis, that recorded observations of mercurialism in those not affected with syphilis were entirely ignored or disputed. Bonetus in 1686 and Jussieu in 1719 are said to have noted some skin rashes in workers exposed to mercury. Jussieu mentioned a pustular eruption, parotid swelling, aphthae and salivation, in miners engaged in the extraction of the metal in Spain. The first definite reference however, is by Benjamin Bell[12] of Edinburgh, a contemporary of John Hunter, who contested the latter's views on the action of mercury and the existence of a constitutional mercurial affection. Bell in 1793 cited cases of syphilis that developed a morbilliform eruption following the use of various mercurial preparations. He observed others with urticarial and vesicular lesions. He was definitely convinced that these were due to the drug, irrespective of the preparation used or its mode of administration. He also noted the occurrence of pustular lesions, following the use of mercurial inunctions. John Pearson of London, claimed he had knowledge of such eruptions due to mercury as early as 1781 and had described them in his lectures in 1783 as "Mercurial Eczema." J. Gregory of Edinburgh, described such lesions as "Erythema mercuriale." A monograph by George Alley of Dublin appeared in 1804, entitled "An essay on a peculiar disease arising from the exhibition of mercury," followed by a more detailed publication in 1810 by the same author on "Observations on the hydrargyria, or that vesicular disease arising from the exhibition of mercury." A. Moriarty[13] also of Dublin, published his observations in 1804, on eruptions from mercury and at the suggestion of his teacher, Whitely Stokes, gave it the name of "The mercurial lepra."

Nomenclature of Mercurial Eruptions

About this time, the subject of mercurial eruptions attracted considerable attention not only in England but throughout the Continent. In addition to such terms as mercurial erythema, mercurial eczema, hydrargyria and

mercurial lepra, other observers added new ones, no doubt due to the variety of lesions observed following the use of this remedy. Thus J. Frank[14] in 1812 contributed "Exanthema mercuriale" and placed this eruption in a single category with the rashes of scarlet fever, measles, varicella, etc. G. Schmalz[15] in 1825 added the name of "Spilosis mercurialis" (mercurial spots). Devergie[16] in 1826 and Lagneau in 1828 wrote of "Erysipelas mercuriale" in their respective treatises on syphilis. Crawford[17] in 1820 preferred the term "Eczema rubrum" of Bateman, on account of the vesicular lesions encountered and also because he did not believe with the others that mercury was the only exciting cause. Biett, also Cullerier and Ratier[18] in 1833 and Cazenave in 1839 denied or doubted the existence of mercury eruptions. Dietrich[2], however, in his monograph (1837), described such skin lesions although he appeared to have confused some of them with syphilides. Others like Alexandre[19] in 1835, Ascherson [20] in 1837, Azum[21] in 1844 and Baron[22] in 1850, cited definite case reports of eruptions produced by external application and others by the internal administration of the drug.

In 1861 appeared the works of Overbeck[23] and Kussmaul[24] definitely establishing the existence of eruptions from the use of mercury. Kussmaul added a new designation "Dermatitis mercurialis" to the eight terms then extant, to describe the lesions on the skin produced by this drug. Auer[25] in 1860 reported a morbilliform eruption that followed the oral administration of small doses of the bichloride. Bazin[26] considered that such skin eruptions followed mostly after the external use of this remedy and that he had only seen two or three cases after its internal use during many years of an extensive practice. Nevertheless, reports continued to appear of such eruptions following oral administration. Ferrand[27] in 1868 reported a morbilliform erythema also following the inhalation of mercury.

Köbner's[28] article in 1877 was of especial importance inasmuch as he took the stand that only those eruptions should be considered as drug eruptions, that were produced by internal administration, subcutaneous use or through

inhalation. Those rashes produced by external use of the remedy, he considered of a different category.

The middle of the nineteenth century, after several hundred years of blundering, saw the end of the controversy regarding the efficacy of mercury in syphilis as well as the reason for its deleterious effects. Assumptions gave place to facts obtained in the laboratory through the use of animal experiments and more critical clinical observations. Thanks mainly to Ricord and Fournier, who established a more rational dosage of mercury in syphilis, the drug finally assumed its proper place in the treatment of this disease. However, the vicissitudes of this drug are still not at an end. At a time when its mode of action and also its ill effects are best understood, other drugs like arsenic and bismuth seem to be relegating it to a position of less importance. In spite of this, it still has its place in the treatment of syphilis, as most syphilographers will attest.

1. Almkvist, J.: Über merkurielle Dermatosen; klinische, histologische und experimentelle Studien, *Arch. f. Derm. u. Syph.*, 1922, **141**:342; also, Quecksilberschädigungen, *Handbuch der Haut und Geschlechtskrankheiten*, Berlin, 1928, v. 18, p. 178; also, Aus der Geschichte der Quecksilberschädigung, *Derm. Wchnschr.*, 1932, **95**:1720.

   The author begs to acknowledge his indebtedness to Almkvist's exhaustive publications on this subject. They have been the source of many of the facts in this article.
2. Dietrich, G. L., *Die Merkurialkrankheit in allen ihren Formen, geschichtliche, pathologisch, diagnostisch und therapeutisch*, Leipzig, 1837.
3. Singer, C. J.: *The earliest printed literature on syphilis*, Florence 1925, Adapted from the work of K. Sudhoff.
4. Cole, H. N.: Present conception as to the curability of syphilis—methods of treatment, *N. Y. State J. M.*, 1930, **30**:638.
5. Mendell, C. W.: The remarkable medicine guaiacum and the cure of the Gallic disease, by Ulrich Von Hutten, *Arch. Derm. & Syph.*, 1931, **23**:415.
6. *The entire works of Dr. Thomas Sydenham, newly made English from the originals*, 5th ed. by John Swan, M.D., London, 1769, pp. 353-356.
7. Pearson, J.: *Observations on the effects of various articles of the materia medica in the care of lues venera*, London, 1st ed., 1800, 2nd ed. 1807.
8. Abernethy, J.: *On diseases resembling syphilis*, 1804, cited by Almkvist.
9. Mathias, A.: *The mercurial disease*, London, 1810.
10. Murphy, P. J.: *Practical observations, showing that mercury is the sole cause of what are termed secondary symptoms*, London, 1839.

11. Rosenthal, O.: Quecksilber. Praxis der Behandlung, *Handbuch der Haut und Geschlechtskrankheiten,* 1928, v. 18, p. 106.
12. Bell, B.: *A treatise on gonorrhea virulenta and lues venerea,* Edinburgh, 1793, v. 2, p. 288.
13. Moriarty, A.: *A description of the mercurial lepra,* Dublin, 1804.
14. Frank, J.: Exanthema mercuriale, in his: *Acta Inst. clin. Caesar Univ. Vilniensis,* Lipsiae, 1812, p. 22, also, *Praxeos medicae universae praecepta,* Lipsiae, 1815, Pars 1, v. 2, p. 177, also, Maladies de la peau, "De l'exanthema mercuriale," in his: *Pathologie interne,* Paris, 1839, v. 2, p. 227.
15. Schmalz, K. G.: *Versuch einer medizinischchirurgischen Diagnostik,* Dresden u. Leipzig, 1825, p. 239.
16. Devergie, M. M.: *Clinique de la maladie syphilitique,* Paris, 1826.
17. Crawford, A.: Case of eczema rubrum, with remarks, *Edinb. M. & S. J.,* 1820, **16**:37.
18. Cullerier and Ratier: *Dictionnaire de médecine et de chirurgie pratique,* Paris, 1833, v. 11, p. 461.
19. Alexandre: Observation d'hydrargyrie, *J. hebd. d. progr. sc. et inst med.,* 1836, **1**:103; *Gaz. d. hôp.,* 1835, **9**:46.
20. Ascherson: Idiosyncrasie gegen Quecksilber, *Wchnschr. f. d. ges. Heilk.,* 1837, **51**:817, also, *Schmidts Jahrb.,* 1858, **19**:41.
21. Azum, A.: *Comparer les effets du mercure sur l'homme sain a ceux que produit la syphilis,* Paris Thesis, no. 170, 1844.
22. Baron, C.: Observations d'hydrargyrie chez les enfants, *Gaz, méd. de Paris,* 1850, **5**:26;71, also, *Jour. f. Kinderkrankh.,* 1850, **15**:1.
23. Overbeck, R.: *Mercur und Syphilis,* Berlin, 1861.
24. Kussmaul, A.: *Untersuchungen über den konstitutionellen Mercurialismus,* Würzburg, 1861. (Contains all references up to 1861, including that of Overbeck)
25. Auer: *Bayer ärtzl. Intelligenzbl.,* 1860, cited by Kussmaul, p. 308.
26. Bazin, A. P. E.: *Leçons théoriques et cliniques sur les affectiones cutanées artificielles,* Paris, 1862, pp. 110-197.
27. Ferrand: Hydrargyrisme aigu, *Union med.,* 1868, Ser. 3, **5**:402.
28. Köbner, H.: Uber Arzneiexantheme insbesondere über Chininexanthem, *Berlin. med. Wchnschr.,* 1877, 14:305; 325.

EARLY 19th CENTURY DERMATOLOGY AND THE BROTHERS MAHON*

THEODORE ROSENTHAL

The dawn of the nineteenth century saw many revolutionary changes in medicine as well as in world affairs. Groups of earnest investigators and practitioners in every country of Europe, undisturbed by political upheaval and turmoil, could be found devoting their attention to the study of cutaneous diseases. In England there were Willan (1757-1812), Bateman (1778-1821), and Samuel Plumbe (about 1837); Joseph Plenck in Vienna (1732-1807), Peter Frank (1745-1821) and his gifted son Joseph Frank (1771-1842) in Germany; and that succession of notable figures in France, beginning with Lorry (1726-1823), Alibert (1768-1837), Biett (1781-1840), and a little later Cazenave (1802-1877), Rayer (1793-1867) and Bazin (1807-1878).

It was an age of intense scientific activity; Priestly and Lavoisier (1774-1777) had, in the closing years of the preceding century, identified the mysterious phlogiston as the element oxygen; Charles Bell (1774-1842) and Marshall Hall (1790-1857) were doing fundamental work in the physiology of the nervous system, while in the hospitals of Paris Pinel studied mental diseases, Orfila laid the foundations for the new science of toxicology and legal medicine, Dupuytren and Lisfranc did memorable work in surgery, Laennec introduced auscultation, and with Corvisart and Louis, studied problems in internal medicine; and Baudelocque accomplished his famous investigations in the field of obstetrics.

Contemporaneously with these, states Brodier, at the central admission office of the hospitals, the Mahon brothers, who were empirically healing the ringworm sufferers of Paris with their epilating salve, investigated the origin and nature of these affections and the younger brother gave the world the first description of tinea tonsurans.

---

* Read before the Section of Historical and Cultural Medicine, May 9, 1934.

The specific cause of no disease was known, and the study of gross and microscopic pathology was yet to be undertaken. The medical men of the period were, perforce, compelled to content themselves with the physical characteristics of disease, and busied themselves chiefly with minute and exact description and classification of the morbid entities that they were able to recognize. Lack of classification, and imperfect classification, had seriously hampered the progress of the study of cutaneous diseases.

The high lights in the development of proper classification are briefly as follows: The first was introduced by Mercurialis (De Morb. Cut. 1576), adopted by Daniel Turner (1667-1741) (Tr. des. Mal. de la Peau 1743: English edition earlier) and again revised by Alibert in 1806. The basis of this classification is the seat of the disease, one group being for the head, and one for the rest of the body. Alibert called cutaneous affections of the head "teignes," and those of the body "dartres." He would then append the proper descriptive adjective, depending on whether the eruption was dry, moist, crusted, etc.

The next classification was that of Plenck (1790), which was subsequently improved upon by Willan. Plenck was the first to reject topographical differences, and to arrange cutaneous diseases according to their external characteristics. He committed the error however, of confusing the products of inflammation with the true anatomical characters of the disease. Willan's modification, which was a great step forward, was to reject all products of inflammation, and to divide the elementary lesions of the skin into eight orders.

The third classification was advanced by Joseph Frank, who, following the example of Noel Retz (1790) and Derien (1804), divided cutaneous diseases into acute and chronic ones. This seemed a natural division, but proved impracticable.

It was an age of unrest. Political revolution in France, and later the Napoleonic wars with their aftermath involving all of Europe, and the industrial revolution in Eng-

land, all contributed to the uncertainty and restlessness of the times.

The spirit of the French revolution however, did not interfere with the development and progress of science in France. Medicine, and Dermatology in particular, made great advances in the decades following it. On the 27th of November, 1801, the St. Louis Hospital was made a hospital for Skin Diseases. As a result, a tremendous impetus was given to the study of dermatology in France, and French dermatology reigned supreme for the first half of the century.

Possibly the one subject which gave rise to more controversy and dispute at the time, was that embraced by the general term of parasitic diseases. Generations of conjecture regarding the cause of scabies were put at rest when Renucci, in 1834, first demonstrated the *Acarus scabiei* at the Hôpital St. Louis. This had been preceded by the amusing deception practiced by Galès in 1812, whose organism proved to be the mite found in spoiled cheese. The modern knowledge of human ringworm infections dates from Schönlein's (1839) and Gruby's (1841) independent researches into the nature of favus.

The term Tinea, or Teignes, to denote ringworm infections, is an ancient one whose origin is shrouded in obscurity. According to Pusey, Cassius Felix first used the word Tinea about 400 A. D. in his summary of medicine, including skin diseases. Bazin states that the word is found first in the writings of Etienne of Antioch, who translated Arabian works, but that it had also been used popularly to indicate the tenacity and persistence of the disease it denotes. The great physicians of the Italian Renaissance, like Mercurialis, designated all diseases of the scalp as Teignes. The term was used in the middle ages by Guy de Chauliac, among others, who recognized five kinds of tinea (T. favosa, T. ficosa, T. amedosa, T. uberosa and T. lupinosa) and subsequently by Ambroise Paré who reduced the number to three species (T. ficosa, T. furfurosa, and T. corrosiva).

Alibert, who at the beginning of the 19th Century represented the old traditions in French medicine, adopted the classification of Teignes of Guy de Chauliac in his first works. Later, in changing it, he made a rather serious error. Up to this time, T. lupinosa designated our modern favus, and the term favus indicated our present day impetigo. Alibert abandoned T. lupinosa and called it Favus. This error was noted later by Gilbert and Feulard, and it was due to this error that our modern favus was given its name.

In England Willan and Bateman had classified the ancient French Teignes under the name Porrigo. To these authors, P. lupinosa remains the tinea vera of the ancients, and P. favosa is our impetigo. But this classification could not prevail in France over the error committed by Alibert. Hence it is by the name of Favus that the "vraie teigne" of the ancients, the tinea vera that was first recognized by medical men, is known today, not only in France, but also in England and throughout the entire world.

Biett, the first Willanist in France, and the former disciple of Alibert, changed the P. favosa of Willan from its original sense to designate the *vraie teigne*—Favus. The same word in the works of Bateman and Biett, therefore, indicates two different entities. Biett, in addition, abandoned the other Willanistic porrigos. He had confused P. scutulata, our *teigne tondante* (ringworm of the scalp), and combined it with favus, a serious error which necessitated a new discovery of something which had already been described. Bateman had also studied as a separate disease, what he called P. decalvans, the alopecia areata of the entire world. Biett did not support this doctrine of Willan; hence *la pelade* (alopecia areata) remained confused with the scars of favus, under the term Favus sine Favis (Alibert), a mistake which further complicated the situation. In short, Biett, again in accordance with tradition, ended by keeping the term Porrigo for the Favus. In the same way Rayer, who frequently drew on the preceding century (the 18th) for inspiration, returned to the conception of the single tinea, and from now on it was called only Favus.

Favus was not the only contagious parasitic disease of the scalp. There is a group of others designated today as Tinea tonsurans (*Teignes tondantes*), ringworm of the scalp. The history of these has been far more involved than that of Favus. The former nearly always presented a uniform picture, whereas ringworm of the scalp differed greatly in clinical appearance, and also frequently appeared on other parts of the body.

English medicine, since the 16th Century, had recognized under the name ringworm, the lesions which were later called in France herpès circiné and teigne tondante. Bateman, who recognized that it was contagious and epidemic termed it Herpes Circinnatus. Samuel Plumbe, in his "Practical Treatise of Diseases of the Skin" (London, 1824) also recognized that the scalp affection might produce lesions on other parts of the skin. He also was the first, incidentally, to suggest epilation for tinea tonsurans.

Willan and Bateman had classified ringworm of the scalp with the Porrigos. They distinguished six types: P. lupinosa, our Favus, and under P. scutulata, they described ringworm of the scalp, giving rather a mediocre description. The other Porrigos were P. larvalis, impetiginous eczema; P. furfurans, our pityriasis capitis; P. decalvans, our alopecia areata; and P. favosa, impetigo contagiosa.

These authorities had even less success in the treatment of these vexatious infections than they had with their proper classification and nomenclature. The fate of the child with ringworm of the scalp a century ago was indeed a sorry one. The only methods of treatment extant were most cruel and inhuman. A favorite was the calotte, which is a leather disk smeared with pitch and then applied to the scalp. When removed with a brisk twitch, the adherent hairs are uprooted *en masse*. Other methods involved the use of irritating ointments and solutions, which occasionally gave rise to severe constitutional reactions, and, more rarely, to fatal sequelae. Treatment consumed months and even years.

It is most interesting therefore, to learn that at this time, the Administration of Hospitals of France had entrusted the treatment of these affections to the two brothers Mahon, laymen, who evidently, to judge from the report below, were able to secure superior therapeutic results.

The following is an extract of a report made to the General Welfare Council in 1816, by one of its members, on the state of the hospitals and asylums in Paris, from January 1, 1804, to January 1, 1814.

"The treatment of ringworm at the central admission office of the hospitals in Paris was instituted by decree on the 31st of December, 1806, and a similar treatment commenced at the Infants Hospital.

'Before adopting the remedy of the Mahon brothers the Council had conducted a two year trial of it at the St. Louis Hospital, under the eyes of its own physicians; their report was favorable. From 1809-1813 it was tried on 795 children; 527 of these were cured. 196 were not cured, or, if they seemed to be, the disease recurred, and 72 were still under treatment on December 31, 1813. The Mahon brothers received in addition to a yearly stipend of 1000 francs each, six francs per capita for the children declared cured.' "

This then, was the confused condition and uncertain status of parasitic diseases in the first decades of the nineteenth century in France, when, in 1829, there appeared a handsome octavo volume entitled "Récherches sur le siège at la nature des Teignes" by M. Mahon the younger, one of two brothers, who, though laymen, were officially entrusted with the treatment of these diseases in the hospitals of Paris, Lyons, Rouen, Dieppe, Elbeuf and Louviers.

This book, consisting of a lengthy 40 page introduction, 373 pages of text, and five excellent colored plates drawn by M. Zwuinger, son-in-law of the elder Mahon, represents a significant milestone in our knowledge of these diseases. It was the first volume entirely devoted to such a specialized subject and considers thoroughly all aspects of the question

in approved monographic style. The date, 1829, is noteworthy, as being before the discovery of the specific agents causing these infections.

The foreword is a quotation from Alibert (Précis theorique et pratique sur les maladies de la peau) indicating the desirability of more careful and exact researches into the origin of Teignes, or parasitic diseases of the scalp.

The preface contains a lengthy declaration of gratitude to the Administration of Hospitals of Paris for deigning to entrust the treatment of tineas to the Mahons, thereby providing them with the means of making thousands of observations of all types of this disease. They wish to thank, among others, Alibert, Richerand, and Biett, for assistance in their work.

In the introduction, the words of Alibert are quoted to show the incentive for undertaking the work. The diligence of the studies, and as a result, the ability to separate off into other groups diseases which formerly were classified with the tineas is alluded to.

The classification followed by the Mahons is: T. faveuse, T. tondante, T. amiantacée, T. furfuracée, T. muqueuse, T. granulée, Crasse laiteuse, Crasse membraneuse. A chapter is devoted to each species. Chapters on differential diagnosis and treatment, with tables showing the results of successful treatment conclude the book.

Mahon the elder, according to Sabouraud, discovered ringworm of the scalp and named it. His description seems to be of the type recognized today as Microsporosis, and was far more complete and explicit than that of Willan and Bateman. It described various sized areas denuded of hair, with broken off hairs visible; in these areas the skin is bluish, and when scratched, covered with whitish dust. Not only is it described thoroughly, but mention is made of its frequent transmission to the glabrous skin and to the finger nails. Both trichophytosis and favus of the nails are described and identified as two separate entities, Mahon emphasizing the thickening and distortion of the nail, and

the difference in color, being white in the former condition, and yellow in favus. Thus the most important manifestations of the disease were simultaneously and precisely recorded by an observer who was not even a physician.

As a matter of interest, Favus of the nails was discovered by one of the Mahon brothers, who accidentally infected himself while epilating a patient with his finger nails. He was thus enabled to observe the course and evolution of the disease at first hand.

The chapter on treatment is very wordy, replete with apologies and mentions all the treatments that have been employed except their own. Several histories of fatal accidents ensuing after treatment are reported. As to their own treatment, they merely state that it is simple, requires hospitalization, and that large numbers of patients can be treated by a few men. They even compute the cost of treatment per day as 1.25 fr. per patient.

They state that a great day would dawn if they were able to divulge their secret, but because of sacred family duties, and inviolable stipulations they cannot reveal the nature of their treatment.

This, of course, was merely a necessary expedient because of the financial consideration involved. If they were to make public their methods, their only means of livelihood would soon disappear. Suffice it to say however, that the Mahons had, very early in their experience, realized the importance and usefulness of epilation; they used their finger nails and became expert in their use. Epilation with forceps had thus fallen into disuse after Guy de Chauliac, Paré, Astruc and Sauvage. The mysterious ointments and secret powders used by the Mahons were undoubtedly employed to put the inquisitive off the track.

The original work and discoveries of the brothers Mahon had surprisingly little reverberation. It is true that Alibert, in his "Monograph sur les Dermatoses" (1832-1835), alludes to tinea tonsurans, and several of his pupils named it, but there is evident confusion of terms and ideas. At the

same time, Alibert, as physician to the St. Louis Hospital, surely was very well acquainted with the work of the Mahons. The majority of contemporary writers ignored absolutely tinea of the scalp, neither mentioning it nor describing it. Brocque and Hardy in recent historical sketches of the work in the St. Louis Hospital, make no mention of the Mahons. Léon Meunier, in his history of medicine, contains no reference to them. However Rayer, in his second English edition, states, "Of all the depilatory methods proposed, that of the Messrs. Mahon is unquestionably the best. They begin by cutting the hair, etc., removing incrustations with flour poultices . . . then the parts are annointed with the depilatory ointment; later an epilatory powder is used, in conjunction with a fine comb." A few pages later, Rayer again mentions the work of the Mahons and also quotes from a report of the analysis of their proprietary remedies published by M. Bracconot. Three powders were employed, and their chemical constitution proved to be essentially an impure subcarbonate of potash.

Gruby, in his report on the organism subsequently named *Trichophyton endothrix*, mentions Mahon in the title of his paper.

Thomas Bateman, in his 8th edition of "A Practical Synopsis of Cut. Dis. according to Dr. Willan," mentions Mahon's method of removing infected hairs in Favus (p. 216). He also mentions Mahon in his bibliography.

Bazin, in his "Affections Cutanées Parasitaires," 1862, cites Mahon repeatedly and in a complimentary fashion (p. 152). After stating that the younger Mahon deserves the honor of being the first to name and describe the entity of tinea tonsurans, he cannot understand upon what basis are founded the reproaches which Alibert and later Cazenave, directed toward him.

In 1840 Cazenave re-discovered tinea tonsurans and gave a masterly clinical description of it, and made the first differentiation of ringworm of the scalp from alopecia areata. It seems entirely probable that the diagnosis of

ringworm of the scalp in France from 1830-1840 was made only by the brothers Mahon, laymen.

An intensive search for bibliographical data relating to these interesting brothers has been most disappointing. Medical periodicals, both contemporary and modern, have, as was to be expected, completely ignored them. Even at the Hôpital St. Louis, where they worked for years, there is no information available as to their lives. Prof. Léon Brodier, the distinguished historian, has assured me that he is unaware of any document bearing on the brothers Mahon, considered, to use his own words, "as charlatans by French dermatologists." The publishers J. B. Baillière et fils, the same firm that brought out the Mahons' book over a century ago, also have no knowledge whatever of any facts concerning the Mahons.

Quérard, in *La France litteraire* (Vol. 5), mentions the younger Mahon, in connection with the book, and gives his date of death as October, 1833, at Paris. This apparently conflicts with other data supplied by Brodier, who stated that Mahon jeune wrote another book in 1868, published also by Baillière, entitled "Considerations sur le traitment des Teignes" which is listed incorrectly in the Index Catalogue under the name of Mignot-Mahon. I have been unable to obtain a copy of this book. In this volume, again quoting from Brodier, he stated that he had a son and two sons-in-law, called Vaconin and Mignot-Mahon, who also busied themselves with the treatment of la teigne. There was also a son-in-law of the elder Mahon, named Guilbert.

The brothers Mahon, and their family, conducted for many years a private clinic in Paris, devoted to the treatment of ringworm infections, which was situated at the Rue du Pas-de-la-Mule. The clinic was maintained by their descendants until 1914. One of the best known of these, Paul de Molènes-Mahon, who died in 1916, published a thesis on Polymorphous Erythema in 1884.

The spectacle of a non-medical family attaining to special skill and ability in the diagnosis and treatment of a particular disease is not unusual in the history of medicine, and

not limited to dermatology. An outstanding example is that of the famous Thomas family of bonesetters of Liverpool, who flourished at about the same time.

Sabouraud, who evinces a most friendly spirit to the Mahons, calls them "empiriques," empiricists, or possibly lay healers. This term is surely less opprobrious than charlatan, employed by Brodier. Col. Garrison, in his recent delightful paper on Quackery, undertakes to describe three types of medical imposters; speaking of the charlatan, he describes him as "the Doctor Know-all of Grimm's fairy tales, whose top-heavy assumption of omniscience ranges anywhere from parade of erudition to maundering about the ultimate nature of disease." Not so with the Mahons; it is safe to say that had they possessed the necessary professional qualifications, their book would have been hailed as a solid contribution to dermatology, indeed a landmark of progress. It is true that by keeping their methods and remedies secret, they violated the fundamental canons of medical ethics, but not being of the profession, they should be judged by more charitable and elastic standards.

More than a century has gone by, and it does not seem proper that the name of these brothers who, working during an entire generation, accepted by their illustrious contemporaries, officially certified by the government in their special capacities, and securing genuine therapeutic successes in a field where all others had encountered failure, should be relegated to oblivion.

BIBLIOGRAPHY

1. Mahon, *Récherches sur le siège et la nature des Teignes,* Paris, J. B. Baillière, 1829.
2. Sabouraud, *Les Teignes,* Paris, Masson et Cie, 1910.
3. Cazenave, *Diseases of the Skin,* Trans. by Burgess, London, 1842.
4. Bazin, *Affections Cutanées Parasitaires,* Paris, Delahaye, 1862.
5. Pusey, *History of Dermatology,* Baltimore, Thomas, 1933.
6. Garrison, *Bull. of N. Y. Acad. of Med.,* 9:601, November, 1933.
7. Querard, *La France litteraire,* Vol. 5, Paris, 1827-1864.

8. Brodier, *J. L. Alibert,* Paris, 1923.
9. Brodier, *Personal Communications.*
10. Bateman, *A Practical Synopsis of Cutaneous Diseases According to Dr. Willan,* London, 1836 (8th Edition).
11. Bick, *History & Source Book of Orthopedic Surgery,* N. Y., 1933.
12. Rayer, *Treatise on Diseases of the Skin,* 2nd English Edition, London, 1835.
13. Gruby, *Compt. Rendu. Acad. de Sc.,* April 1, 1844.
14. Brocque, *La Presse médicale,* 11:101, 1903.
15. Meunier, *Histoire de la Médecine,* Paris, 1911.
16. Plumbe, Samuel, *Practical Treatise on Diseases of the Skin,* London, 1837.

RESOLUTION PASSED AT THE OCTOBER MEETING OF THE COUNCIL RE: GRADUATE FORTNIGHT OF 1934

The Council of the Academy has noted with great satisfaction the splendid success which attended the Graduate Fortnight for 1934. The Council has been informed by the Director that this success resulted from the enthusiasm with which the Committee on Medical Education, the Sub-Committee on the Fortnight, the Committee on Exhibit, and the members of the Academy staff worked to provide a most interesting program and exhibit. Therefore,

BE IT RESOLVED, that the Council formally express its appreciation of the work done and extend a vote of thanks to all those, including the exhibitors and the associated hospitals who took part in this gratifying accomplishment. The Council directs that this action be published in the Academy Bulletin.

J. MARION SIMS, M.D., LL.D.

1813-1883

REDEDICATION OF THE MEMORIAL TO J. MARION SIMS

OCTOBER 20TH, 1934

A few months ago, Dr. I. Seth Hirsch informed the Academy authorities that in a Park Department storage yard he had seen the statue of J. Marion Sims, which had been removed from Bryant Park. The President and Director communicated promptly with Commissioner Robert Moses, and as promptly were assured that he would gladly meet our wishes, and would arrange to have the statue placed in a niche of the wall of Central Park, at 103rd Street and Fifth Avenue, facing the buildings of the Academy of Medicine and the Museum of the City of New York.

The Park Department did even more. The statue was thoroughly overhauled and was placed on a new and beautifully designed pedestal. There it now stands, revealing for all time, in a convincing pose, Doctor J. Marion Sims, as physician, scientist and thinker.

The medical profession and the community owe especial thanks to the Honorable Robert Moses, Commissioner of Parks, and his able assistants, Messrs. Andrews and Fields.

REDEDICATION EXERCISES

Dr. Bernard Sachs, President of The New York Academy of Medicine, said:

On behalf of The New York Academy of Medicine, and the medical profession of the city and of the country, let me express the great satisfaction that we feel that the memorial of Dr. J. Marion Sims has been placed in full view of the building of the Academy and of the Museum of the City of New York.

New York has every reason to perpetuate the memory of a man who was great not only as a surgeon but as also one of the illustrious citizens of his day. Happy we are to rededicate this statue to Dr. J. Marion Sims, of whom my old friend, Dr. Paul F. Mundé said at the first unveiling—

> "Among the many great eminent physicians and surgeons which America has produced, he stands pre-eminent as the man through whose genius a mere branch of medical science and practice was so elevated as to create an era in medicine and raise America from the place of pupil to the proud position of teacher of older nations."

To-day we look upon J. Marion Sims as the founder of modern gynecology; as the pioneer among American abdominal surgeons.

No one did more than did Dr. Sims in the second half of the last century, to give American surgery its present authoritative position among the nations of the world.

I recall from my own student days in the late seventies in the various universities of Europe, that as an American citizen, I was proud to hear Sims extolled everywhere as the exponent of American surgery.

While we shall always be ready to do honor to the name of Dr. J. Marion Sims as physician and gynecologist, he deserves to be especially lauded as one of New York's eminent citizens, and to do justice to this phase of his career, we shall now listen to Dr. John H. Finley.

Dr. Finley said:

Dr. Sachs, Mr. Commissioner, Ladies and Gentlemen:

It is a great honor to be appointed (for I was not elected, except in the theological sense) to speak for the citizens of New York in rededicating this monument. The ceremony is significant in that it gives evidence that the city, through its Park Department and Municipal Art Commission, is to cherish and guard with greater care its memorials of those whom it promised to remember.

To an ancient Roman, Cato, who was called "the Censor," is imputed the saying, "I had rather it should be asked why I had not a statue than why I had one." Many a person to whom a statue has been erected would rather not have had one than see it neglected or marred. I am myself especially grateful not only that this statue has now been given a fit setting but also that Washington Irving, who has stood lonesomely in Bryant Park on a shabby pedestal, is now to

have assurance, thanks to the Park Department, that he is still dear to this city. My next concern is for Horace Greeley, that he may have more suitable placement than his monument, half hidden by the elevated station, now has.

By the side of the most beautiful street in all Britain (Princes Street in Edinburgh) and in the company of the statues of Scotland's illustrious sons, poet, preacher, statesman, soldier stands a monument to a great doctor—James Young Simpson. His service to humanity was akin to that of Dr. Sims of America, whose brilliant achievements, as the original epitaph relates, "carried the fame of American surgery throughout the civilized world." The family of Dr. Simpson declined a grave for him in Westminster Abbey, but his friends erected a monument to him in that fair street in the heart of Scotland. So our American doctor, who would have been eligible had he been an Englishman, for a little space in her Abbey, has now been given a permanent place beside our "Via Gloriosa"—Fifth Avenue—a street which

> In glory surpasses all the rest—
> The Main Street of the Empire of the West,
> Where all the nations of the earth
> Have set their gifts of greatest skill and worth;
> A path of glory that leads not to the grave
> But is, as that fair street of golden pave,
> An endless avenue of hope and praise
> The "via gloriosa" of all ways.

For years I have seen the crowds pass to and fro in Forty-second Street as heedless of this monument which stood for years on the edge of desolation as if it were only granite and bronze without name or nation. Now it not only has the kindliest environment that nature can give for residence in this great city, but also the continuing recognition by his profession of Dr. Sims's contribution to the science of human healing, standing as it now does on this famed street, between the Academy of Medicine and the Museum of the City of New York and between two of our great hospitals. Here may it remain as long as Medicine keeps here its greatest Academy.

If there were room for an added epitaph, I would suggest the line from Homer in which praise is given to the doctor. In simplest translation into English, it would read: "The physician is worth a host of us."

Dr. George Gray Ward, Chief Surgeon of Woman's Hospital, said:

Mr. Chairman, Ladies and Gentlemen:

James Marion Sims was of English and Scotch-Irish descent. He was born in South Carolina in 1813, graduated at Jefferson Medical College in Philadelphia in 1835, and practiced in Montgomery, Alabama, where he did general surgery until 1854, and died in New York in 1883.

Gynecology is the science of diseases and injuries peculiar to women. For centuries little was known and less done to alleviate the sufferings women had to endure until gynecology developed into a special field of medical study in the middle of the 19th Century.

Sims from the Southland came to New York in 1854 and proclaimed to the medical world that he had discovered and perfected a method whereby it was possible to cure a hitherto incurable condition, the result of injury during childbirth.

In those days, owing to the lack of obstetric knowledge and care, every community had in its midst women suffering excruciatingly from an injury that practically excluded them from society at large. The efforts of surgeons throughout the world to repair this injury had hitherto failed, therefore, when Marion Sims demonstrated that he had succeeded, the greatest interest was aroused, as now there was hope for these pitiful outcasts.

Sims tried for four years before he succeeded in curing his first case. His patients were negro slaves, and he operated forty times on three patients, and twenty-one times on one of them during his experimental work, and remember this was before the days of anaesthesia and aseptic surgery.

His success was due to his discovery of the principle involved necessary to obtain an adequate exposure of the injury and for which he devised an instrument, and the employment of silver wire stitches which did not become infected and thus allowed the wound to heal.

Sims came to New York in 1854 and demonstrated his operation, and the result of his efforts was the founding in 1855 of the Woman's Hospital in New York, which has the distinction of being the first hospital in the world to be established for the treatment of diseases peculiar to women.

From this beginning developed the study and discovery of methods of treatment of the various injuries that result from childbirth, of non-malignant and cancerous tumors, and of the infections that women are subject to, so that today Marion Sims is acknowledged as the Father of Modern Gynecology and the Woman's Hospital as its birthplace.

It has been said that his discoveries advanced the knowledge of diseases of women to an extent which could not have been done for a hundred years or more without his methods. Sims demonstrated his operations in many countries in Europe and one of his patients was the Empress Eugenie, wife of Napoleon III.

While circumstances led Sims to devote his life work to a specialty, his vision embraced the entire field of surgery, and he was foremost to advocate the prompt opening of the abdominal cavity for gunshot wounds of the abdomen.

The first Woman's Hospital, presided over by Sims, was located at Madison Avenue and 29th Street, the second on the block bounded by Park and Lexington Avenues and 49th and 50th Streets, on land which was donated by the city, and opened in 1867. The present hospital is situated at 110th Street, opposite the Cathedral of St. John the Divine, and was opened in 1906.

Professor T. Gaillard Thomas, of the College of Physicians and Surgeons, in an address to the graduating class of Cornell University Medical College, stated that in his opinion Sims was to be ranked with William Jenner, the

discoverer of vaccination for smallpox, as one of the men of all time who had done most for their fellow creatures.

Immediately after his death a movement for the erection of a statue in his memory was inaugurated in Europe and his native country. This was a spontaneous gift from his brothers in the profession throughout the civilized world, and from many of the unfortunate beings his genius and skill had benefited. South Carolina, his native state, has erected a beautiful memorial to him in Columbia.

The inscription on the old pedestal of this monument we are dedicating today tells the story of his career:—

J. MARION SIMS, M.D., LL.D.
Born in South Carolina, 1813, died in New York City in 1883.
Surgeon and Philanthropist.
Founder of the Woman's Hospital of the State of New York.
His brilliant Achievements carried the fame of American
Surgery throughout the civilized world,
In recognition of his services in the cause of science
and mankind
He received the highest honors in the gift of his
countrymen
And decorations from the governments of France, Portugal,
Spain, Belgium, and Italy.

And on the reverse:—

Presented to the City of New York
By
His professional friends, loving patients
And
Many Admirers
Throughout the World.

To Sims belongs the honor of arousing the profession and the laity to the needs of suffering women of his day, and by his genius and skill he made possible the cure of the numerous diseases and injuries that are peculiar to the sex, so that for all coming time he will have an enduring monument of his talent, his genius, and his philanthropy in the gratitude of woman, and in this statue of bronze a recognition of his having developed the great specialty of Gynecology as a result of the founding of the Woman's Hospital, which has contributed inestimable blessings to suffering womankind and to the advancement of medical progress.

RECENT ACCESSIONS TO THE LIBRARY

Assmann, H. Die klinische Röntgendiagnostik der inneren Erkrankungen. 5. Aufl.
Berlin, Vogel, 1934, 2 v.

Belou, P. Revision anatomica del sistema arterial.
Buenos Aires, "El Ateneo," 1934, v. 1.

Boyer, (Mrs.) J. & Cowdin, (Mrs.) K. Hay dieting.
N. Y., Scribner, 1934, 384 p.

Bray, G. W. Recent advances in allergy. 2. ed.
London, Churchill, 1934, 503 p.

Calder, R. M. Essentials of hospital practice.
Durham, Duke Univ. Press, 1934, 262 p.

Cange, M. A. Le trachome.
Paris, Baillière, 1934, v. 1.

Cardamatis, J. P. L'égopathie, ou égocentrisme palustre.
Paris, Baillière, 1934, 110 p.

Chandler, G. P. Allergy in relation to lymphadenoma.
London, Bale, 1934, 104 p.

Clapp, C. A. Cataract, its etiology and treatment.
Phil., Lea, 1934, 254 p.

Cole, L. G.; Pound, R. E.; Cole, W.G. [et al.] Radiologic exploration of the mucosa of the gastro-intestinal tract.
St. Paul, Bruce, 1934, 336 p.

Corradini, R. E. Narcotics and youth today.
N. Y., Foundation for Narcotics Research and Information, 1934, 113 p.

Craig, C. F. Amebiasis and amebic dysentery.
Springfield, Ill., Thomas, [1934], 315 p.

Crandall, L. A. An introduction to human physiology.
Phil., Saunders, 1934, 325 p.

Dictionary of organic compounds. Editor-in-chief: I. M. Heilbron.
N. Y., Oxford Univ. Press, 1934, v. 1.

Foote, J. A. State board questions and answers for nurses. 12. ed.
Phil., Lippincott, [1934], 985 p.

Frahm, F. W. The principles and technics of full denture construction.
Brooklyn, Dental Items of Interest Pub. Co., [1934], 590 p.

Fraser, F. R. The principles of therapeutics.
Balt., Williams, 1934, 135 p.

Gibb, W. T. Minor surgery in general practice.
N. Y., Hoeber, 1934, 429 p.

Holt, L. E. The care and feeding of children. 15. ed.
N. Y., Appleton-Century, 1934, 259 p.

Kämmerer, H. Allergische Diathese und allergische Erkrankungen. 2. Aufl.
München, Bergmann, 1934, 359 p.

Kenyon, J. H. Healthy babies are happy babies.
Boston, Little, 1934, 321 p.

Kitchens, W. L. Definite diagnosis in general practice.
Phil., Saunders, 1934, 2 pts. in 1 v.

Kretschmer, E. A text-book of medical psychology.
London, Milford, 1934, 274 p.

Legge, (Sir) T. M. Industrial maladies.
London, Milford, 1934, 234 p.

Malzberg, B. Mortality among patients with mental disease.
Utica, State Hospitals Press, 1934, 234 p.

Martin, F. H. Fifty years of medicine and surgery.
Chic., Surgical Pub. Co., 1934, 449 p.

Meigs, J. V. Tumors of the female pelvic organs.
N. Y., Macmillan, 1934, 533 p.

Mellanby, E. Nutrition and disease.
Edin., Oliver, 1934, 171 p.

Miller, R. H. Tuberculosis of the lymphatic system.
N. Y., Macmillan, 1934, 248 p.

Mohr, O. L. Heredity and disease.
N. Y., Norton, [1934], 253 p.

Morton, D. J. Human anatomy; double dissection method.
N. Y., Columbia Univ. Press, 1934, 2 v.

Newburgh, L. H. & Mackinnon, F. The practice of dietetics.
N. Y., Macmillan, 1934, 264 p.

Peabody, J. E. & Hunt, A. E. Biology and human welfare. New ed.
N. Y., Macmillan, 1934, 658 p.

Schafer, (Sir) E. A. S. Experimental physiology. 5. ed.
London, Longmans, 1934, 168 p.

Slemons, J. M. The prospective mother. 3. ed.
N. Y., Appleton-Century, 1934, 311 p.

Smith, T. Parasitism and disease.
Princeton, Princeton Univ. Press, 1934, 196 p.

Vaughan, W. T. Allergy and applied immunology. 2. ed.
St. Louis, Mosby & Co., 1934, 420 p.

Wheeler, R. H. & Perkins, F. T. Principles of mental development.
N. Y., Crowell, [1934], 529 p.

Wilensky, A. O. Ostecmyelitis, its pathogenesis, symptomatology and treatment.
N. Y., Macmillan, 1934, 454 p.

Williams, J. F. Personal hygiene applied. 5. ed.
Phil., Saunders, 1934, 529 p.

PROCEEDINGS OF ACADEMY MEETINGS

NOVEMBER

STATED MEETINGS

November 8

I. Executive Session—a. Reading of the Minutes; b. Election of Members; c. Election of Honorary Fellows; d. Report of Nominating Committee.

II. Paper of the Evening—The problem of acute appendicitis in New York City, Shepard Krech; Discussion: a. From the medical standpoint, William W. Herrick; b. From the surgical standpoint, John A. Hartwell; c. From the public health standpoint, Thomas Parran, Jr., State Commissioner of Health.

THE HARVEY SOCIETY (in affiliation with the New York Academy of Medicine)

November 15

The Second Harvey Lecture, "The Significance of the Amino Acids in Nutrition," William Cumming Rose, Professor of Biochemistry, University of Illinois.

SECTION MEETINGS

SECTION OF SURGERY—November 2

The Section decided to forego its November meeting in favor of the Graduate Fortnight. The program of the Graduate Fortnight for Friday evening, November 2, was arranged by courtesy of the Section.

SECTION OF DERMATOLOGY AND SYPHILOLOGY—November 7

I. Presentation of cases from University and Bellevue Hospital Medical College.

II. Discussion of selected cases.

III. Executive Session—Examination of cases is limited to members and their invited guests.

SECTION OF PEDIATRICS—November 8—Public Health Meeting

I. Papers of the Evening—a. Public health problems and the pediatrist, John L. Rice, Commissioner of Health; b. Newer viewpoints regarding quarantine of communicable disease, William H. Park, Director of Laboratories; Discussion by Louis C. Schroeder, Hugh Chaplin, Haven Emerson, Samuel Karelitz, Roger Dennett, Camille Kereszturi, Harry Bakwin.

COMBINED MEETING OF SECTION OF NEUROLOGY AND PSYCHIATRY and THE NEW YORK NEUROLOGICAL SOCIETY—November 13

I. Psychiatry and the criminal law—a. The psychiatric aspect, Bernard Glueck (30 minutes); b. The legal aspect, Prof. Jerome Michael (30 minutes).

II. Discussion—The Hon. Judge Cornelius F. Collins, Foster Kennedy, James G. Wallace, Esq., J. Ramsay Hunt, Robert H. Elder, Esq., Israel Strauss. General discussion.

SECTION OF HISTORICAL AND CULTURAL MEDICINE—November 14

I. Reading of the Minutes

II. Papers of the Evening—symposium on the atlas of the woodcuts of vesalius to be published by the academy; a. The prospective atlas. How it was begun and what it is to contain, Archibald Malloch; b. The title pages of the *"De Corporis Humani Fabrica"* of Vesalius, Samuel W. Lambert; c. An historical query, Mr. William M. Ivins, Jr., Metropolitan Museum of Art (by invitation).

III. General Discussion—To be opened by Harvey Cushing, Yale University Medical School.

SECTION OF ORTHOPEDIC SURGERY—Notice

The meeting scheduled for November 16, 1934, was held in Philadelphia, where the members of the section were the guests of the Philadelphia Orthopedic Club. A program was arranged for the afternoon, starting at 2:15 p.m., and was followed by a dinner at 7 p.m.

SECTION OF OPHTHALMOLOGY—November 19

I. INSTRUCTION HOUR, 7 to 8 p.m.—Diagnosis of muscle anomalies, James W. White, John Dunnington.

II. DEMONSTRATION HOUR, 7:30 to 8:30 p.m.—a. Case examinations; b. Slit lamp studies, Milton Berliner, Isadore Goldstein, Wendell L. Hughes, Girolamo Bonaccolto (by invitation).

III. SECTION MEETING, 8:30 to 10:30 p.m.—a. Reading of the minutes; b. Case reports, 1. A case of silver oxide deposits in the cornea, James W. Smith; c. A desperate case of sympathetic ophthalmia, Arnold Knapp; Clinical history, O. P. Perkins; Pathological examination, B. F. Payne (by invitation); d. Scientific papers, 1. On the present methods of operating for detachment of the retina in Europe, Arnold Knapp; Discussion, John M. Wheeler, Mark Schoenberg; 2. Transient fluctuations in the scotoma of glaucoma, John N. Evans; Discussion, Ralph Lloyd, Conrad Berens.

SECTION OF MEDICINE—November 20

I. READING OF THE MINUTES

II. PRESENTATION OF CASES—a. A case of Graves' disease, Ephrain Shorr (by invitation); b. A case of chronic intermittent fever, David Seegal (by invitation); c. A case of chronic auricular flutter, Arthur C. DeGraff.

III. PAPERS OF THE EVENING—a. Creatin metabolism in Graves' disease, Ephrain Schorr (by invitation).

IV. GENERAL DISCUSSION—H. B. Richardson, Franklin M. Hanger (by invitation), John Wyckoff.

SECTION OF GENITO-URINARY SURGERY—November 21

I. READING OF THE MINUTES

II. PRESENTATION OF CASE—Anuria due to bilateral metastatic obstruction of the ureters, Stanley R. Woodruff, William Antopol.

III. PAPER OF THE EVENING—Practical applications of recent contributions to physiology of the upper urinary tract, William P. Herbst, Washington, D. C. (by invitation); Discussion to be opened by Edwin Beer, Robert Gutierrez.

IV. GENERAL DISCUSSION

V. EXECUTIVE SESSION

SECTION OF OTOLARYNGOLOGY—November 21

I. READING OF THE MINUTES

II. PAPERS OF THE EVENING—SYMPOSIUM ON UPPER RESPIRATORY INFECTIONS AND SOME OF THEIR COMPLICATIONS—a. The relationship between diseases of the ear and of the upper respiratory tract, James G. Dwyer; Discussion, John R. Page, Edmund P. Fowler; b. Upper respiratory infections from the pediatric standpoint, Louis C. Schroeder; Discussion, J. D. Craig, Samuel Karelitz; c. Endoscopy in the treatment of diseases of the upper respiratory tract, John D. Kernan; Discussion, David H. Jones.

SECTION OF OBSTETRICS AND GYNECOLOGY—November 27

Program arranged by the Staff of the Mt. Sinai Hospital

I. Three cases of endometriosis (adenomyosis) with special reference to etiology, Isidor C. Rubin.

II. Lymphogranuloma inguinale. Report of two cases, Morris A. Goldberger, Jacob Auslander (by invitation).

III. Case management of urinary incontinence in women, Max D. Mayer.

IV. An unusual ovarian tumor containing an oestrogenic hormone, Frank Spielman (by invitation).

V. The value of lumbar tympany in the differential diagnosis of large ovarian cysts, U. J. Salmon (by invitation).

VI. Ovarian carcinomata simulating acute surgical conditions of the abdomen, Phineas Bernstein (by invitation).

AFFILIATED SOCIETIES

NEW YORK ROENTGEN SOCIETY *in affiliation with* THE NEW YORK ACADEMY OF MEDICINE—November 19

I. PRESENTATION OF INTERESTING CASES..

II. PAPER OF THE EVENING—Primary carcinoma of the lung, B. M. Fried.

III. DISCUSSION—Leopold Jaches, Ross Golden, Coleman Rabin.

SOCIETY FOR EXPERIMENTAL BIOLOGY AND MEDICINE—NEW YORK MEETING—November 21

I. Influence of intermedin on growth of mouse melanoma, K. Sugiura.

II. Pregnancy cells in rat pituitary: Influence of lipoidal corpus luteum extract, H. A. Charipper.

III. Tissue culture studies on relation of sarcoma to leukosis of chickens, J. Furth, E. L. Stubbs.

IV. Study of etiology of influenza, A. R. Dochez, K. C. Mills, Y. Kneeland, Jr.

V. Active immunization of children against poliomyelitis with formalin inactivated virus suspension, M. Brodie.

VI. Shwartzman phenomenon with *B. pertussis* culture filtrates, L. H. Koplik (introduced by G. Shwartzman).

VII. Potentials in embryo rat heart muscle cultures, B. M. Hogg, C. M. Goss, K. S. Cole (introduced by H. B. Williams).

VIII. Note on metabolism of copper in splenectomized rabbits, M. Sandberg, O. M. Holly.

IX. Physical basis for use of helium as a new therapeutic gas, A. L. Barach.

JOINT MEETING—NEW YORK PATHOLOGICAL SOCIETY AND SECTION OF SURGERY—November 22

SYMPOSIUM ON NON-MALIGNANT TUMORS OF BONE—1. Pathologic aspects, Francis Carter Wood; 2. Roentgenological aspects, Raymond W. Lewis; 3. Clinical and therapeutic aspects, Bradley L. Coley.

MEMBERS ELECTED NOVEMBER 8, 1934

Walter Gerard Hanlon	812 Park Avenue
Harold William Dargeon	1095 Park Avenue
Margaret McAllister Janeway	140 East 54 Street
Harry Rosenwasser	49 East 96 Street
William Henry Holzapfel	277 West End Avenue
Angelo M. Sala	1107 Park Avenue
Francis M. Conway	30 East 40 Street
James W. Toumey, Jr.	525 Park Avenue
Edgar Mayer	111 East 56 Street
Halford Hallock	410 East 57 Street
Girolamo Bonaccolto	106 East 60 Street
Eugene Bernstein	100 Central Park South
L. Farmer Loeb	200 West 70 Street
Anne Topper	320 West 89 Street
Siegfried Elias Katz	722 West 168 Street
William J. Fordrung	Scarsdale, N. Y.
Edward Ross Marshall	Room 21, Barge Office
William H. Turnley	322 Main St., Stamford
John Cohen	1801 Weeks Avenue
Morris Greenberg	168 West 86 Street
Richard J. Kelly	140 East 54 Street
L. Leonard Rothschild	116 West 59 Street
Leon Lantzounis	133 East 58 Street
Robert Burlingham	860 Park Avenue
Braham H. Golden	10 East 90 Street
Robert J. Lowrie	105 East 53 Street
Murray A. Last	1123 Park Avenue
Alfred L. Malabre	452 Fort Washington Avenue
Jerome A. Marks	145 West 58 Street
Herbert F. Traut	111 East 60 Street
William L. Estes, Jr.	E. P. Wilbur Trust Co. Bldg., Bethlehem, Pa.

OBITUARY:

CORNELIUS GODFREY COAKLEY, 1862-1934

Dr. Cornelius Godfrey Coakley was born in Brooklyn, August 14, 1862, eldest son of George W. Coakley, Professor of Mathematics and Astronomy at New York University, and Isabelle Hoe Coakley. He received the degree of Bachelor of Arts from the College of the City of New York in 1884 and of Master of Arts in 1887. The degree of Doctor of Medicine was conferred upon him by New York University Medical College in 1887 when he graduated with first honors. He served as an interne in Bellevue Hospital and early began his distinguished teaching career as instructor in Histology and Anatomy in the school from which he graduated. Diseases of the Ear, Nose and Throat proved especially interesting to him, partly because, at that time comparatively little was known of them. After study and research here and considerable work abroad, being chiefly impressed by the work of Professor Killian, he brought back the best of the knowledge acquirable in Europe. In 1896 he became Clinical Professor and in 1905 Professor of Laryngology at University and Bellevue Medical College where he remained until 1914 when he accepted the chair of Otolaryngology at the College of Physicians and Surgeons of Columbia University.

His interest and ability in teaching and the clinical training of his students, internes and assistants never abated, and although inclined to be conservative, he kept abreast of any advances. His keen memory and long experience sometimes prompted him to say of innovations, that they had been tried and found wanting thirty or more years ago, before the present proposer knew anything of the subject.

Associated with the late Dr. Caldwell, he made valuable experiments and the first useful radiographs of the nasal accessory sinuses.

Dr. Coakley's amazing energy and well directed effort enabled him to accomplish much hospital work. He organized and founded the Ear, Nose and Throat Service at Bellevue Hospital in 1916 where he continued as Director until he was asked to establish a similar service at Presbyterian Hospital on the opening of the Columbia Medical Center in 1928. Since then he has assiduously worked to improve the service to patients having ailments of the ear, nose and throat, establishing a ward in the Babies Hospital a year ago. He was consultant to numerous other hospitals, including Bellevue, Woman's, Neurological Institute, Sloane Hospital, Southampton, Stuyvesant Square and Seaview Hospitals.

Among the professional societies he belonged to were The New York Academy of Medicine since 1894, Medical Society of the County of New York, New York State Medical Society, American Medical Association, American Laryngological Society, American Otological Society, American College of Surgeons, American Rhinological, Laryngological and Otological Society, the Société de Laryngologie des Hôpitaux de Paris of which he was elected a member after a series of lectures in Paris in 1924.

He was author of many articles in the field of his endeavor and a textbook used widely in many medical schools, "A Manual of Diseases of the Nose and Throat," the seventh revision of which was published in 1930.

Dr. Coakley's ability as a teacher is best exemplified by the outstanding careers of the many men trained by him, now scattered throughout the country.

His brilliance in his special field has been widely appreciated, not only in this country but in Europe and Japan. However, the memory that his host of patients, associates and friends chiefly hold of him is of his kindness, his helpful understanding of their difficulties and his unswerving integrity. Well may we say "There was a man."

JAMES W. BABCOCK.

DEATHS OF FELLOWS OF THE ACADEMY

FISHER, EDWARD DIX, B.A., M.D., 30 East 40 Street, New York City; graduated in medicine from New York University in 1878; elected a Fellow of the Academy April 1, 1886; died November 23, 1934. Dr. Fisher was a member of the County and State Medical Societies, the American Neurological Association, the New York Neurological Society, the Society of Alumni of Bellevue Hospital and a Fellow of the American Medical Association. He was Emeritus Professor of Neurology at New York University and Bellevue Hospital Medical College, a former President of the American Neurological Association and of the Medical Society of the County of New York. Dr. Fisher had also been President of the New York Neurological Society, a Vice-President of The New York Academy of Medicine and Consultant to Bellevue, Willard Parker and St. Vincent's Hospitals.

GRAUSMAN, PHILIP M., M.D., 130 West 58 Street, New York City; graduated in medicine from the College of Physicians and Surgeons in 1900; elected a Fellow of the Academy October 7, 1909; died November 21, 1934. Dr. Grausman was a member of the County and State Medical Societies, a Fellow of the American Medical Association and of the American College of Surgeons. He was Chief Surgeon to the Hospital for Joint Diseases, Surgeon to Gouverneur and Lebanon Hospitals and Consulting Surgeon to Beth Israel Hospital in Newark. At one time he was Assistant Professor of Surgery at the New York Polyclinic Medical School and Hospital.

SMITH, HARMON, B.A., M.D., 150 East 62 Street, New York City; graduated in medicine from Bellevue Hospital Medical College in 1897; elected a Fellow of the Academy November 7, 1901; died December 11, 1934. Dr. Smith was a member of the County and State Medical Societies and of the American Laryngological, Rhinological and Otological Society of which he was once a vice-president. He was a Fellow of the American College of Surgeons and of the American Medical Association. For some years he was professor of laryngology at Cornell University Medical College. At the time of his death he was a director in the throat department of the Manhattan Eye, Ear and Throat Hospital, consulting laryngologist to the Memorial and Babies Hospitals and consulting aurist to the Monmouth Memorial Hospital, Long Branch.

SMITH, THEOBALD, M.D., Sc.D., Princeton, New Jersey, graduated in medicine from Albany Medical College in 1883; elected an Honorary Fellow of the Academy November 18, 1926; died December 10, 1934. Dr. Smith was Scientific Director of the Rockefeller Institute since its foundation in 1901, Vice-President of the Board from 1924 to 1933, at which time he succeeded Dr. William H. Welch as President. He was Director of the Department of Animal Pathology and a member of the Institute from 1914 to 1929. Many contributions of the first importance to medical science are attributed to him.

His research into the spread of the Texas cattle fever was the first proof ever given that insects are the essential intermediate agencies in the spread of some infectious diseases.

Many scientific bodies throughout the world have recognized his attainments and contributions. He received honorary degrees from Harvard, University of Chicago, University of Breslau, Washington, Princeton, Yale, Royal Hungarian Veterinary Academy, Budapest; Pennsylvania, Rutgers University of Giessen and University of Edinburgh.

He received many awards and medals from universities and societies in this country and abroad and was a member of outstanding medical and other scientific groups in this country, England, Scotland, Ireland, France, Denmark, Italy and Sweden.

STURMDORF, ARNOLD, M.D., 160 Central Park South, New York City; graduated in medicine from the College of Physicians and Surgeons in 1886; elected a Fellow of the Academy March 7, 1901; died November 13, 1934. Dr. Sturmdorf was a member of the County and State Medical Societies and a Fellow of the American Medical Association and the American College of Physicians. Dr. Sturmdorf also had been a professor at the New York Polyclinic Medical School and Hospital, Associate Surgeon to Woman's Hospital, Consultant to the Jewish Memorial, Community and Beth-El Hospitals, Chairman of the Section of Obstetrics and Gynecology of The New York Academy of Medicine, President of the New York Physicians Association and the Manhattan Medical Society. He was the author of a number of books and monographs on surgical subjects.

URQUHART, HOWARD DONALD, M.D., 115 East 61 Street, New York City; graduated in medicine from New York University in 1906; elected a Fellow of the Academy November 4, 1920; died November 8, 1934. Dr. Urquhart was a Fellow of the American Medical Association and a member of the County and State Medical Societies and the Society of Alumni of Bellevue Hospital. He was Orthopedic Surgeon to the Seaside Hospital and Associate Orthopedic Surgeon to the Polyclinic Hospital.

INDEX, 1934

A

Abramowitz, E. William, Historical points of interest on the mode of action and ill effects of mercury, 695

Academy, Addition to the, 170

Academy meetings, Proceedings of, 36, 94, 151, 322, 379, 673, 727

Accessions to the Library, Recent 41, 98, 153, 329, 382, 518, 573, 624, 665, 725

——, and Museum of The New York Academy of Medicine, Recent, B. W. Weinberger, 661

Acidosis and alkalosis, D. D. Van Slyke, 103

Activities of the past year, Presidential Address, Bernard Sachs, 157

Addition to The Academy of Medicine, 170

Address, Presidential. Activities of the past year, Bernard Sachs, 157

Afternoon Lectures. See Friday Afternoon Lectures.

Albee (Dr.) Fred H., charges against, Report of the Council, 623

Alkalosis, Acidosis and, D. D. Van Slyke, 103

Amendment to the Constitution and By-Laws, 332

Annan, Gertrude L., Early letters of William Beaumont never before published, 656

Anniversary Discourse. Medicine and modern sociological trends, Joseph V. McKee, 1

Annual Meeting of the Academy, January 4, 1934

Presidential Address. Activities of the past year, Bernard Sachs, 157

Reports of the Council, Board of Trustees, Treasurer, Committees of the Academy, Complete Academy Fellowship, Annual Report for 1933, April number, 157-265.

Anomalies of metabolism, Congenital, Erwin Brand, 289

Applied physiology of the gastrointestinal innervation, The, A. C. Ivy, 643

Assets and liabilities, Statement of, 165

Associate Fellows. See Fellows, Associate

Associates (1933), 260

——, elected in 1933, 222

——, 1934, 332, 368

Atchley, Dana W., Dehydration and medical shock, 138

Aub, Joseph C., Mineral metabolism, 82

Auditor's certificate, 170

B

Babcock, James W., Obituary: Cornelius Godfrey Coakley, 731

Beaumont, William, Early letters of, never before published, G. L. Annan, 656

Bed for sick and needy physicians, Hosack, 265
Bedell, Arthur J., The causes and prevention of blindness, 593
Benefactors, 263
Bequests, Form of, 265
——, Gifts and (1933), 163
Biggs (Hermann Michael) Memorial Lecture, The causes and prevention of blindness, A. J. Bedell, 593
Biological considerations of obesity and certain allied conditions, Clinical and, A. A. Epstein, 389
Blindness, Causes and prevention of, A. J. Bedell, 593
Bödecker, Charles F., Metabolic disturbances in relation to the teeth, 553
Bone, diseases of, Hyperparathyroidism and its relationship to, H. L. Jaffe, 539
Books by Fellows: Library notes, 154
Brand, Erwin, Congenital anomalies of metabolism, 289
Budget, 1934, 162
Building Committee, Report of the. The Addition to the Academy of Medicine, 170
—— Fund (1933), 164
Bulletin, Back number wanted, 624
By-Laws, Amendment to the Constitution and, 332

C

Carbohydrate, diets normal in, and low in fat, The treatment of diabetes with, H. R. Geyelin, 369
Carpenter (Wesley M.) Lecture, The applied physiology of the gastro-intestinal innervation, A. C. Ivy, 643
Causes and prevention of blindness, The, A. J. Bedell, 593
Children, Diabetes in, Priscilla White, 347
——, Non-diabetic ketosis in, O. M. Schloss, 483
China, ancient, A note on narcotics in ancient Greece and, E. H. Hume, 618
Clausen, Samuel W., The effects of moderate deficiency of vitamins, 471
Clinical and biological considerations of obesity and certain allied conditions, A. A. Epstein, 389
—— observations and laboratory investigations on the 1933 epidemic of encephalitis in St. Louis, R. S. Muckenfuss, 445
Coakley, Cornelius Godfrey, Obituary, J. W. Babcock, 732
Committee on Library, resolutions on the death of Alfred Fabian Hess, 49
—— Public Health Relations, Report on vitamin D milk, 507
Committees of the Academy, annual reports:
Building Committee, 170
Committee on Library, 178
Committee on Medical Education, 209
Committee on Public Health Relations, 200
Congenital anomalies of metabolism, Erwin Brand, 289
Constitution and By-Laws, Amendment to the, 332
Corresponding Fellows (1933), 262

Council, recent action regarding fee-splitting, 43
——, Report of the, charges against Dr. Fred H. Albee, 623
——, Resolution re: Graduate Fortnight of 1934, 717
——, Resolutions on the death of Alfred Fabian Hess, 44
——, Vote on memorial for Linsly Rudd Williams, 51
Curie, Marie Sklodowska, Obituary, J. Ewing, 521
Cystinuria and myopathies, Congenital anomalies of metabolism with special reference to, Erwin Brand, 289

D

Darwin, Charles, and the history of the early use of digitalis, J. F. Fulton, 496
Deaths of Fellows, Associate Fellows and Honorary Fellows, 49, 99, 155, 333, 388, 522, 577, 627, 678, 733
Allen, Thomas Herbert, 627
Brown, James Spencer, 577
Chapman, Charles Francis, 49
Cleveland, Clement, 333
Davis, Fellowes, Jr., 627
Dennis, Frederic Shepard, 155
Doty, Alvah Hunt, 388
Easton, Charles Daniel, 627
Ely, Albert Herman, 333
Fishberg, Maurice, 577
Fisher, Edward Dix, 733
Franken, Sigmund Walter Anthony (Associate), 50
Fuchsius, John Hancock, 627
Grausman, Philip M., 733
Highman, Walter James, 99
Kilbane, Edward Francis, 577
Lambert, Frederick Ellsworth, 155
Leale, Medwin, 522
Lusk, William Chittenden, 678
McAlpin, David Hunter, 100
Moschcowitz, Alexis Victor, 50
Packard, Maurice, 334
Pilgrim, Charles Winfield, 334
Ramon y Cajal, Santiago (Honorary), 678
Satterthwaite, Thomas Edward, 628
Smith, Harmon B. A., 733
Smith, Theobald, 733
Spaulding, Edith Rogers, 155
Sturmdorf, Arnold, 734
Tieck, Gustav John Eric, 577
Urquhart, Howard Donald, 734
Wainwright, Jonathan Mayhew, 577
Williams, Linsly Rudd, 50
Deficiency of vitamins, The effects of moderate, S. W. Clausen, 471

Dehydration and medical shock, D. W. Atchley, 138
Dermatology, Early 19th century, and the Brothers Mahon, Theodore Rosenthal, 706
Diabetes in children, Priscilla White, 347
——, Treatment of, with diets normal in carbohydrate and low in fat, H. R. Geyelin, 369
—— mellitus, Considerations bearing on the successful treatment of, J. R. Scott, 358
—— Dietary trends, R. T. Woodyatt, 335
—— Round table conference on, 335
Diabetic coma, Treatment of, H. O. Mosenthal, 363
Dietary trends: Diabetes mellitus, R. T. Woodyatt, 335
Diets normal in carbohydrate and low in fat, The treatment of diabetes with, H. R. Geyelin, 369
Digitalis, Charles Darwin and the history of the early use of, J. F. Fulton, 496
Diseases of the gastrointestinal tract. See Graduate Fortnight, Seventh Annual
Disorders of metabolism. See Graduate Fortnight, Sixth Annual
——, A critical estimate of the value of laboratory procedures in, J. P. Peters, 415
Donations to the Library funds, 265
Dues for 1934, Allocation of Fellows', 164

E

Early letters of William Beaumont never before published, G. L. Annan, 656
—— 19th century dermatology and the Brothers Mahon, Theodore Rosenthal, 706
Edema, Fluid distribution and, A. A. Weech, 269
Editorial, History of gastroenterology, F. H. Garrison, 629
——, Life as an occupational disease, F. H. Garrison, 679
——, The medical history of Robert Schumann and his family, F. H. Garrison, 523
——, Transvaluations and deflations in the history of medicine and its teaching, F. H. Garrison, 579
Education, Report of the Committee on Medical, 209
Encephalitis in St. Louis, Clinical observations and laboratory investigations on the 1933 epidemic, R. S. Muckenfuss, 445
Epidemic of encephalitis in St. Louis, Clinical observations and laboratory investigations on the 1933, R. S. Muckenfuss, 445
Epstein, Albert A., Clinical and biological considerations of obesity and certain allied conditions, 389
Ewing, James, Obituary: Marie Sklodowska Curie, 521
Expense, Statement of income and, 167

F

Fat, The treatment of diabetes with diets normal in carbohydrate and low in, H. R. Geyelin, 369

Fee-splitting, Recent action of the Council regarding, 43
Fellows, Associate (1933), 258
——, elected in 1933, 44, 222
——, Books by: Library notes, 154
——, Corresponding (1933), 262
——, elected in 1933, 44, 220
——, 1934, 99, 154, 332, 333, 368
——, Honorary (1933), 260
——, Non-Resident (1933), 251
——, elected in 1933, 221
——, Resident (1933), 223
——, elected in 1933, 220
Fellowship, complete Academy, 223
Fever, The metabolism of, H. E. Himwich, 16
Finley, J. H., Memorial to J. Marion Sims, 720
Flexner, Simon, Obituary of Dr. William H. Welch, 384
Fortnight, Annual Graduate, see Graduate Fortnight
Fluid distribution and edema, A. A. Weech, 269
Friday Afternoon Lectures, 666
Fulton, John F., Charles Darwin and the history of the early use of digitalis, 496
Funds, Statement of special, 167. See also Building Fund

G

Garrison, Fielding H., History of gastroenterology (editorial), 629
——, Life as an occupational disease (editorial), 679
——, The medical history of Robert Schumann and his family (editorial), 523
——, Transvaluations and deflations in the history of medicine and its teaching (editorial), 579
Gastroenterology, History of (editorial), F. H. Garrison, 629
Gastrointestinal innervation, The applied physiology of the, A. C. Ivy, 643
—— tract, Diseases of the. See Graduate Fortnight, Seventh Annual
General review of our present knowledge of the vitamins, H. C. Sherman, 457
Geyelin, H. Rawle, The treatment of diabetes with diets normal in carbohydrate and low in fat, 369
Gifts and bequests (1933), 163
Gout, Leopold Lichtwitz, 306
Graduate Fortnight, Seventh Annual
Applied physiology of the gastrointestinal innervation, A. C. Ivy, 643
Council resolution re:—, 717
Opening of the, B. Sachs, 676
Program, 377
Graduate Fortnight, Sixth Annual
Acidosis and alkalosis, D. D. Van Slyke, 103
Clinical and biological considerations of obesity, A. A. Epstein, 389

Congenital abnormalities of metabolism, E. Brand, 289
A critical estimate of the value of laboratory procedures in disorders of metabolism, J. P. Peters, 415
Dehydration and medical shock, D. W. Atchley, 138
Diabetes in children, Priscilla White, 347
Diabetes mellitus: Considerations bearing on the successful treatment, J. R. Scott, 358
Diabetes mellitus: Dietary trends, R. T. Woodyatt, 335
Effects of moderate deficiency of vitamins, S. W. Clausen, 471
Fluid distribution and edema, A. A. Weech, 269
General review of our present knowledge of the vitamins, H. C. Sherman, 457
Gout, Leopold Lichtwitz, 306
Hyperparathyroidism and its relationship to diseases of bone, H. L. Jaffe, 539
Metabolic disturbances in relation to the teeth, C. F. Bödecker, 553
The metabolism of fever, H. E. Himwich, 16
Metabolism in hyperthyroidism and hypothyroidism, W. W. Palmer, 52
Mineral metabolism, J. C. Aub, 82
Non-diabetic ketosis in children, Oscar M. Schloss, 483
Surgical treatment of hyperthyroidism, F. H. Lahey, 65
Treatment of diabetes with diets normal in carbohydrate and low in fat, H. R. Geyelin, 369
Treatment of diabetic coma, H. O. Mosenthal, 363
Greece, ancient, and in ancient China, A note on narcotics in, E. H. Hume, 618

H

Harvey Society, resolutions on the death of Alfred Fabian Hess, 44
Hess, Alfred Fabian, resolutions on the death of, 44
Himwich, Harold E., The metabolism of fever, 16
Historical points of interest on the mode of action and ill effects of mercury, E. W. Abramowitz, 695
History of gastroenterology (editorial), F. H. Garrison, 629
——, medicine and its teaching, Transvaluations and deflations in, F. H. Garrison (editorial), 579
Honorary Fellows (1933), 260
Hosack bed for sick and needy physicians, 265
Hours during the summer, Library, 319
Hume, Edward H., A note on narcotics in ancient Greece and in ancient China, 618
Hyperparathyroidism and its relationship to diseases of bone, H. L. Jaffe, 539
Hyperthyroidism and hypothyroidism, Metabolism in, W. W. Palmer, 52
——, Surgical treatment of, F. H. Lahey, 65
Hypothyroidism, Metabolism in hyperthyroidism and, W. W. Palmer, 52

I

Income and expense, Statement of, 166
Information Bureau, Report of the Medical, 215
Ivy, A. C., The applied physiology of the gastrointestinal innervation, 643

J

Jaffe, Henry L., Hyperparathyroidism and its relationship to diseases of bone, 539

K

Ketosis in children, Non-diabetic, O. M. Schloss, 483

L

Library, Committee on, Report of the, 178
—, resolutions on the death of Alfred Fabian Hess, 49
— Hours during the summer, 319
—, Recent accessions to the 41, 98, 153, 329, 382, 518, 573, 624, 665, 725
—, and Museum of The New York Academy of Medicine, B. W. Weinberger, 661
— funds, Donations to the, 265
— notes:
Books by Fellows, 154
Early letters of William Beaumont never before published, G. L. Annan, 656
Recent accessions to the library and Museum of The New York Academy of Medicine, B. W. Weinberger, 661
Lichtwitz, Leopold, Gout, 306
Life as an occupational disease (editorial), F. H. Garrison, 679
Laboratory investigations on the 1933 epidemic of encephalitis in St. Louis, Clinical observations and, R. S. Muckenfuss, 445
— procedures in disorders of metabolism, A critical estimate of, J. P. Peters, 415
Lahey, Frank H., Surgical treatment of hyperthyroidism, 65
Letters of William Beaumont, Early, never before published, G. L. Annan, 656
Liabilities, Statement of assets and, 165

M

McKee, Joseph V., Medicine and modern sociological trends, 1
Mahon Brothers, Early 19th century dermatology and the, Theodore Rosenthal, 706
Medical Education, Report of the Committee on, 209
— history of Robert Schumann and his family, The (editorial), F. H. Garrison, 523
— Information Bureau, Report of the, 215
— shock, Dehydration and, D. W. Atchley, 138

Medicine and modern sociological trends, Joseph V. McKee, 1
——, history of, and its teaching, Transvaluations and deflations in the (editorial), F. H. Garrison, 579
Meetings at the Academy, Report of Offices and, 217
Members, elected in 1933, 44, 220
——, in 1934, 99, 154, 332, 333, 368, 730
——, Resident (1933), 250
——, elected in 1933, 221
Memorial Committee report and presentation of portrait of the late Dr. Thomas W. Salmon, 455
—— meeting, Linsly R. Williams, 51, 320
—— to J. Marion Sims, rededication of the, 718
Mercury, Historical points of interest on the mode of action and ill effects of, E. W. Abramowitz, 695
Metabolic disturbances in relation to the teeth, C. F. Bödecker, 553
Metabolism, Congenital anomalies of, Erwin Brand, 289
——, disorders of, A critical estimate of the value of laboratory procedures in, J. P. Peters, 415
——, Disorders of. See Graduate Fortnight, Sixth Annual
—— of fever, The, H. E. Himwich, 16
—— in hyperthyroidism and hypothyroidism, W. W. Palmer, 52
——, mineral, J. C. Aub, 82
Milk, vitamin D, Committee on Public Health Relations, Report on, 507
Mineral metabolism, J. C. Aub, 82
Mosenthal, Herman O., Treatment of diabetic coma, 363
Muckenfuss, Ralph S., Clinical observations and laboratory investigations on the 1933 epidemic of encephalitis in St. Louis, 445
Museum of The New York Academy of Medicine, Recent accessions to the Library and, B. W. Weinberger, 661
Myopathies, Congenital anomalies of metabolism with special reference to cystinuria and, Erwin Brand, 289

N

Narcotics in ancient Greece and in ancient China, A Note on, E. H. Hume, 618
Needy physicians, Hosack bed for sick and, 265
Non-diabetic ketosis in children, Oscar M. Schloss, 483
Note on narcotics in ancient Greece and in ancient China, A, E. H. Hume, 618
Notes:
Donations to the Library funds, 265
Form of bequests, 265
Hosack bed for sick and needy physicians, 265

O

Obesity and certain allied conditions, clinical and biological considerations of, A. A. Epstein, 389

Obituary, 1933, 219
——, Coakley, Cornelius Godfrey, J. W. Babcock, 731
——, Curie, Marie Sklodowska, J. Ewing, 521
——, Welch, (Dr.) William H., Simon Flexner, 384
Occupational disease, Life as an (editorial), F. H. Garrison, 679
Offices and Meetings at the Academy, Report of, 217
Opening of the Seventh Annual Graduate Fortnight, B. Sachs, 676

P

Palmer, Walter Walker, Metabolism in hyperthyroidism and hypothyroidism, 52
Peters, John P., A critical estimate of the value of laboratory procedures in disorders of metabolism, 415
Physicians, Hosack bed for sick and needy, 265
Portrait of the late Dr. Thomas W. Salmon, Memorial Committee report and presentation of, 455
Presidential Address. Activities of the past year, Bernard Sachs, 157
Proceedings of Academy meetings, 36, 94, 151, 322, 379, 673, 725
Public Health Relations, Committee on, Report of the, 178
——, Report on vitamin D milk, 507

R

Recapitulation, Fellows and Members (1933), 260
——, elected in 1933, 222
Recent accessions to the Library, 41, 98, 153, 329, 382, 518, 573, 624, 665, 725
——, and Museum of The New York Academy of Medicine, B. W. Weinberger, 661
Rosenthal, Theodore, Early 19th century dermatology and the Brothers Mahon, . . .
Round table conference on diabetes mellitus, 335

S

Sachs, Bernard, Opening of the Seventh Annual Graduate Fortnight, 676
——, Presidential Address, Activities of the past year, 157
——, Photograph of J. Marion Sims, 718
——, Memorial to J. Marion Sims, 719
St. Louis, Clinical observations and laboratory investigations on the 1933 epidemic of encephalitis in, R. S. Muckenfuss, 445
Salmon, Thomas W., Memorial Committee report and presentation of portrait of, 455
Schloss, Oscar M., Non-diabetic ketosis in children, 483
Schumann, Robert, and his family, The medical history of (editorial), F. H. Garrison, 523
Scott, James Ralph, Considerations bearing on the successful treatment of diabetes mellitus, 358
Sherman, H. C., General review of our present knowledge of the vitamins, 457

Shock, Dehydration and medical, D. W. Atchley, 138
Sick and needy physicians, Hosack bed for, 265
Sims, J. Marion, Rededication of the memorial to, 718
Sociological trends, medicine and modern, Joseph V. McKee, 1
Special funds, Statement of, 167
Summer, Library hours during the, 319
Surgical treatment of hyperthyroidism, F. H. Lahey, 65

T

Teeth, Metabolic disturbances in relation to the, C. F. Bödecker, 553
Transvaluations and deflations in the history of medicine and its teaching (editorial), F. H. Garrison, 579
Treasurer's report, abstract of, 165
Trustees, Report of the Board of, 161

V

Van Slyke, Donald D., Acidosis and alkalosis, 103
Vitamin D milk, Committee on Public Health Relations, Report on, 507
Vitamins, General review of our present knowledge of the, H. C. Sherman, 457
——, The effects of moderate deficiency of, S. W. Clausen, 471

W

Ward, George Gray, Memorial to J. Marion Sims, 722
Weech, A. Ashley, Fluid distribution and edema, 269
Weinberger, Bernard Wolf, Recent accessions to the Library and Museum of The New York Academy of Medicine, 661
Welch, (Dr.) William H., Obituary of, Simon Flexner, 384
White, Priscilla, Diabetes in children, 347
Williams, Linsly R., Memorial meeting, 51, 320
Woodyatt, Rollin T., Dietary trends: Diabetes mellitus, 335

LATENT AVITAMINOSIS called BORDERLINE STATES of ILL HEALTH

TABLETS
YEAST VITAMINE-B

AUTHORITIES AGREE that borderline cases of Vitamine-B deficiency as it exists in the United States are very difficult to diagnose.

DR. L. B. MENDEL (Jr. A.M.A., July 9, 1932) refers often to . . . . the fact that chronic vitamine deficiency produces numerous vague, borderline states of ill health which often puzzle the physician and disable the patient."

IT HAS OFTEN been shown that dietary restrictions instituted to combat some one disease may in itself give rise to symptoms of some other disease, such as the report by Dr. Russell M. Wilder (Jr. A.M.A., Nov. 14, '31) of cases of pellagra that occurred in a patient under dietary treatment for epilepsy where . . . . In both cases the addition of brewers' yeast alone, without other alteration of the diet, promptly resulted in a cure."

DR. GEO. R. COWGILL (Jr. A.M.A., June 25, 1932) says that in cases of doubt with respect to shortage of vitamine-B playing a role, the test is to administer large amounts of the missing factor immediately. "It has been shown that many marasmic babies have their interest in food and urge to eat restored by the administration of vitamine-B."

VITAMINE-B stimulates non-striated muscles of the intestinal tract.

BREWERS' YEAST IS THE RICHEST KNOWN SOURCE OF VITAMINE-B.

Yeast Vitamine-Harris Tablets are prepared from Brewers' Yeast-Harris and contain a known amount of Vitamine-B. They are small, exact, palatable and keep indefinitely. Where the entire yeast cells are desired, and the larger dosage is not contra-indicated, Brewers' Yeast-Harris is offered.

BREWERS' YEAST POWDER

The Harris Laboratories
Tuckahoe, New York
Without obligation please send me clinical samples of BREWERS' YEAST-HARRIS and YEAST VITAMINE-HARRIS-Tablets.

.....M.D.

.....City

.....State

To Avoid Misuse—Enclose Office Stationery

THE HARRIS LABORATORIES
INC.
TUCKAHOE NEW YORK

The present spectacle of vitamin and irradiation advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the application of vitamin products.

Mead Johnson & Company feel that vitamin therapy, like infant feeding, should be in the hands of the medical profession, and consequently refrain from exploiting vitamins to the public.

* Dextri-Maltose Nos. 1, 2, and 3; Dextri-Maltose with Vitamin B; Mead's Viosterol in Oil 250 D; Mead's Viosterol in Halibut Liver Oil 250 D (Liquid and capsules); Mead's Halibut Liver Oil; Mead's 10 D Cod Liver Oil; Mead's Newfoundland Cod Liver Oil; Mead's Cereal; Pablum; Mead's Brewers Yeast Powder; Mead's Brewn Yeast Tablets; Mead's Powdered Lactic Acid Milk Nos. 1 and 2; Mead's Powdered Whole Milk; Alacta; Mead's Powdered Protein Milk; Casec; Recolac; Sobee;
Mead Johnson & Company, Evansville, Ind., U.S.A., Pioneers in Vitamin Research.